

Rural Behavioral Health Modernization (CCBHC) Cohort Application: Certified Community Behavioral Health Clinics

Short Title: CCBHC Provider Cohort 1 Application Guide

APPLICATION SUMMARY

Length of Project: Up to 2 years

Application Posted: March 6, 2026

Application Due Date: Wednesday, April 8, 2026

The South Dakota Department of Social Services (DSS), Division of Behavioral Health (DBH), is requesting applications from eligible behavioral health organizations to provide Certified Community Behavioral Health Clinic (CCBHC) services for the State of South Dakota. The intent of this application is to select a cohort of clinics intending to pursue provisional state-level CCBHC certification by December 2027. Organizations selected to participate in the 2026 CCBHC Provider Cohort will have access to funding opportunities to support the development, expansion, and sustainability planning of CCBHC-aligned service delivery in any of the nine core service delivery areas.

CONTACT INFORMATION

The Division of Behavioral Health is the issuing office for this document and all subsequent addenda relating to it, on behalf of the State of South Dakota, Department of Social Services. Program & eligibility questions can be addressed to grants@sageprojectconsultants.com. To receive a response, questions must be received by Friday, March 20, 2026. Responses will be made available at <https://dss.sd.gov/behavioralhealth/grantinfo.aspx>.

ELIGIBILITY

Eligible applicants are limited to organizations currently enrolled as a South Dakota Medicaid provider with state-level and/or national behavioral health care accreditation.

Eligible applicants must also meet at least one of the following statutory requirements:

- Is a non-profit organization, exempt from tax under Section 501(c)(3) of the United States Internal Revenue Code
 - Is part of a local government behavioral health authority
 - Is operated under the authority of the Indian Health Service, an Indian tribe, or tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the Indian Health Service pursuant to the Indian Self-Determination Act (25 U.S.C. 450 et seq.)
 - Is an urban Indian organization pursuant to a grant or contract with the Indian Health Service under Title V of the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.)
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AWARD INFORMATION

Estimated number of awards: 8-10

Estimated award amount: up to \$50,000

Funding source: South Dakota CCBHC Planning Grant Award # 1H79SM090300, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Implementation of Required Cohort Activities outlined within this document is NOT funded by or through the Rural Health Transformation Initiative.

Duration of contract: DSS anticipates executing a contract that will have an initial 12-month contract term with the potential to extend the contract for three (3) additional 1-year extensions. Extension of the contract will be at the sole discretion of DSS.

Funding awarded through this application shall support the implementation of Required Cohort Activities (see Section 1). Funds will be granted based on the clinic’s readiness to achieve provisional CCBHC certification. Contracts resulting from this application will begin June 1, 2026. See Attachment 1 for a non-exhaustive list of allowable expenses eligible through reimbursement. Detailed budgets are not required as part of this application process; final budget amounts and itemization of anticipated expense categories will be mutually developed between the successful applicant and DSS following notification of cohort selection. Total budgets will not exceed \$50,000 per cohort organization.

Funding for service delivery expansion will be made available through [Rural Health Transformation Initiatives](#). Eligible applicants for behavioral health initiative funding through that opportunity will be limited to clinics who apply for and are selected to be in the cohort resulting from this application.

Anticipated Posting

June 1, 2026

RFP Opportunity

Rural BH Modernization (CCBHC) Infrastructure and Sustainability Grant

The state anticipates issuing a second cohort opportunity in 2027, contingent upon continued funding availability.

DESCRIPTION

The Department of Social Services, Division of Behavioral Health, is requesting applications from eligible behavioral health organizations to provide Certified Community Behavioral Health Clinic (CCBHC) services for the State of South Dakota. The purpose of this application is to select a cohort of clinics intending to pursue provisional state-level CCBHC certification as soon as December 2027. Successful applicants will be required to meet CCBHC readiness criteria as defined by DBH and complete all required activities of the cohort beginning June 1, 2026. Organizations selected to participate in the 2026 CCBHC Provider Cohort will have access to funding opportunities to support the development, expansion, and sustainability planning of CCBHC-aligned service delivery in any of the nine core service delivery areas:

1. Crisis Behavioral Health Services
2. Screening, Assessment, and Diagnosis
3. Person- and Family-Centered Treatment Planning
4. Outpatient Mental Health and Substance Use Services
5. Outpatient Clinic Primary Care Screening and Monitoring
6. Targeted Care Management Services
7. Psychiatric Rehabilitation Services
8. Peer Supports, Peer Counseling, and Family/Caregiver Supports
9. Community-Based Mental Health Care for Members of the Armed Forces and Veterans

In addition to service delivery expansion, funding is available for the selected cohort to support organizational readiness and capacity building across any of the following goal areas for CCBHC implementation.

Goals for the CCBHC implementation efforts in South Dakota include:

1. Develop the capacity to ensure compliance with all aspects of CCBHC Certification Criteria to include service provision either directly or through a Designated Collaborating Organization (DCO).
2. Develop data system capacity and Electronic Health Record (EHR) interoperability to meet the data collection and reporting requirements for the CCBHC program.
3. Develop financial system capacity to produce necessary cost reports to establish CCBHC Prospective Payment System (PPS) rates, and meet billing, claims encounter data, and cost reporting requirements.
4. Achieve provisional and subsequent full CCBHC Certification through the State of South Dakota of at least one CCBHC in each behavioral health region by December 2030.

The CCBHC model provides comprehensive, coordinated behavioral health care through a ‘no wrong door’ approach with same-day access, 24/7 crisis services, integrated physical and behavioral health care, and evidence-based practices. This model will be used to transform the behavioral health system across South Dakota in order to expand regional coverage, provide timely access to care, and integrate clinical improvement criterion.

CCBHCs are designed to ensure access to coordinated comprehensive behavioral health care and to improve patient outcomes within the authorities of state regulations, statutes, and state Medicaid Plans. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age.

This includes developmentally appropriate care for children and youth. CCBHCs must meet standards for the range of services they provide and are required to admit individuals into services quickly.

CCBHCs must adhere to strict certification criteria. These criteria establish a basic level of service at which a CCBHC should operate, and fall into six (6) key program areas:

1. **Staffing** – Staffing plan driven by local needs assessment, licensing, and training to support service delivery.
2. **Availability and Accessibility of Services** – Standards for timely and meaningful access to services, outreach and engagement, 24/7 access to crisis services, treatment planning, and acceptance of all patients regardless of ability to pay or place of residence.
3. **Care Coordination** – Care coordination agreements across services and providers (e.g., Federally Qualified Health Centers, inpatient and acute care), defining accountable treatment team, health information technology, and care transitions.
4. **Scope of Services** – Provide the nine (9) required services listed above, as well as person-centered, family centered, and recovery-oriented care.
5. **Quality and Other Reporting** – Collection of required quality measures, a plan for quality improvement, and tracking of other program requirements.
6. **Organizational Authority & Governance** – Consumer representation in governance, appropriate state accreditation.

CCBHCs are required to include implementation of data collection systems with functionalities that report access, quality, and scope of services using various types of data. Data will include CCBHC administrative data and personnel records, claims data, encounter data, patient records, and patient experience of care, as well as the costs and reimbursement of providing the required behavioral health services. Additionally, the State will support CCBHCs with preparing the data to inform and support continuous quality improvement processes and monitor the fidelity of evidence-based practices, person-centered, and recovery-oriented care. Quality measure reporting requirements for CCBHCs can be reviewed in the [CCBHC Certification Criteria](#) (published March 2023).

Applicants are encouraged to review the [DSS website](#) for more information on the CCBHC initiative within South Dakota, including access to the draft SD CCBHC Provider Manual (<https://dss.sd.gov/behavioralhealth/grantinfo.aspx>).

APPLICATION & COHORT AWARD TIMELINE

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|------------------------------------|--|
| • Friday, March 6, 2026 | Application posted |
| • Wednesday, March 11, 2026 | CCBHC Provider Q&A Series
<i>Microsoft Teams Meeting – Join at</i>
https://teams.microsoft.com/meet/26631691164983?p=oVArXCs7hQTSSrPeFJ
<i>Meeting ID: 266 316 911 649 83 Passcode: Uk3Am2Ge</i> |
| • Friday, March 20, 2026 | Questions due to DSS |
| • Wednesday, March 25, 2026 | Responses posted |
| • Wednesday, April 8, 2026 | Applications due by Midnight CT |
| • Wednesday, April 15, 2026 | Initial Cohort Selection Announced |

SECTION 1: COHORT REQUIREMENTS

Selection into 2026 CCBHC Provider Cohort will be based primarily on the organization's commitment and readiness to transition to the CCBHC model of care. Cohort providers selected through this application process will be able to participate in the state's coordinated CCBHC implementation behavioral health initiative through at least December 2027 (with possible extension through December 2030) at which time each provider must have met the CCBHC program requirements and have established themselves as a provisionally certified SD CCBHC through the SD Department of Social Services.

Acceptance into the 2026 CCBHC Provider Cohort does not imply or require immediate CCBHC certification. While completion of initial cost reporting efforts in partnership with DSS is required to be complete or in progress at the time of application, acceptance into the cohort does not automatically guarantee PPS reimbursement as this reimbursement methodology is reserved for fully certified and operational CCBHCs.

The CCBHC Provider Cohort signals that you as a provider will:

- commit to meeting state CCBHC criteria and establish full certification through DSS within the cohort timeframes.
- participate in any future state or federal learning collaboratives as assigned by DSS.
- be able to receive technical assistance from DSS or its authorized contractors.
- participate in milestone data and outcome tracking and reporting as required by the state.

SECTION 1.1: REQUIRED ACTIVITIES OF SELECTED COHORT MEMBERS

The following activities are required of all successful applicants post-award. These activities are designed to assist the selected organizations in developing the capacity to comply with state and federal guidelines for CCBHC certification, while also aligning with state objectives to ensure successful participation in and completion of all required CCBHC service components. Awarded CCBHC Planning Grant funds may be used to reimburse cohort members for allowable costs (Attachment 1) incurred in the implementation of these required activities.

Implementation is expected to begin within 30 days of contract initiation.

- **Partner with DBH in all aspects of state CCBHC implementation.** Recipients are required to collaborate with DBH in all phases of the CCBHC Planning Grant and subsequent CCBHC implementation efforts whether that be via CCBHC Demonstration Grant funding or State Plan Amendment development efforts.
- **Participate in the CCBHC Steering Committee and/or workgroups.** Recipients must have a representative in the agency leadership team or project director participate in the CCBHC Steering Committee, and/or workgroups which will meet monthly during the project period. The steering committee provides strategic oversight, guidance, and coordination to ensure the successful implementation and sustainability of the Certified Community Behavioral Health Clinic model. The committee is responsible for aligning CCBHC activities with state and federal requirements, fostering collaboration among stakeholders, and promoting continuous quality improvement in behavioral health services.
- **Participate in technical assistance and training.** A CCBHC Learning Community will be created for the selected cohort, represented by each organization's clinical leadership and direct service staff. Contractor(s) will be selected by DBH to create a series of trainings to be delivered to the cohort based on identified and prioritized needs. Learning objectives will be identified by participating providers, the project team, and by consumers, families, and other stakeholders engaged throughout this process.
- **Track state-level program evaluation components.** Recipients will be required to collect and report on the following performance measures in a quarterly program progress report (template to be provided). Additional program evaluation components may be required relative to funding requirements or state-level needs.
 - i. Number and percentage of work group / advisory group / council members who are consumers or family members
 - ii. Number of organizations collaborating / coordinating / sharing resources with other organizations because of this award
 - iii. Number of organizational changes made to support improvement of mental health-related practices and activities as a result of this program

- iv. Number of people trained in mental health-related practices / activities as a result of this program
- **Complete state-level reporting on program implementation.** Required reporting will include:
 - i. Cumulative fiscal reports recording overall expenditures by budget line
 - ii. Program reports in the format prescribed by DBH (template to be provided)
- **Complete a Community Needs Assessment by December 31, 2026.** Cohort members will be required to complete and submit a Community Needs Assessment in order to identify the needs of the population(s) of focus within the proposed designated CCBHC catchment area. A toolkit will be provided for the selected cohort to aid in the completion of this assessment. Input from people with lived experience of mental and substance use conditions, individuals who have received/are receiving services from the clinic and family members must be integrated into the assessment. Applicants may submit an existing community needs assessment with this application for approval if completed within the last two (2) years. CCBHC needs assessment must address the following components:
 - i. Population and demographic analysis,
 - ii. Mental health and substance use disorder prevalence and trends,
 - iii. Existing behavioral health services and service gaps,
 - iv. Access and barriers to care,
 - v. Care Coordination and System integration,
 - vi. Stakeholder and Community input.
- **Develop a staffing plan for CCBHC operations.** Recipients must develop a staffing plan for meeting the staffing requirements for becoming a CCBHC. Plans must be provided and fully implemented prior to seeking provisional CCBHC status. Plans must include a list of all positions currently in place in the recipient organizations, all positions that must be newly created, an approximation of time needed to staff and fully train any new positions, and any anticipated challenges in filling each position. Costs for new positions must also be accounted for in the anticipated costs portion of the cost report. Anticipated costs for efforts to fill and train new positions may be considered as allowable costs for this funding opportunity.
- **Meet CCBHC Cost Reporting Requirements.** Recipients must develop the capability to conduct agency cost reporting and billing for a Prospective Payment System (PPS) and meet CCBHC billing, claims encounter data, and cost reporting requirements.
- **Develop or enhance data collection, tracking and reporting.** Recipients must develop or enhance data collection, tracking, and reporting capacity for quality measures and other reporting requirements. Quality measure reporting requirements for the CCBHC Demonstration can be reviewed in the CCBHC Certification Criteria. Technical assistance will be made available to cohort members to determine system gaps in meeting requirements for both clinic- and state-level reporting.
- **Achieve State of South Dakota CCBHC provisional certification. The intent of the cohort is to prepare participating organizations to seek provisional CCBHC certification.** Recipients must meet all requirements for certification as set by DBH and complete the application process including site visit. The state's goal is to provisionally certify at least two organizations by December 2027.

SECTION 2: APPLICATION REQUIREMENTS

All applicants must complete and submit the following information by April 8, 2026, for consideration:

Required Application Components		Required Documentation or Submission Information
Application Form	<p>Completed CCBHC Provider Cohort Application & Readiness Assessment</p> <p><i>Electronic application form available at:</i></p> <ul style="list-style-type: none"> https://form.jotform.com/SagePC/SD-CCBHC-Cohort-App <p><i>Required attachments identified below must be uploaded to the application form prior to submission. Confirmation of application receipt will be sent following submission to the contact information provided.</i></p>	Electronic submission received by midnight on April 8, 2026
Attachment 1	<p>Letter of Intent</p> <p><i>See Section 2.1 of this application for requirements.</i></p>	.pdf signed by the authorized organization representative
Attachment 2	<p>Program Narrative</p> <p><i>Complete narratives must include responses to all of the point-by-point elements outlined in Section 2.2 of this application. The Program Narrative must not exceed 10 pages.</i></p>	.pdf
Attachment 3	<p>CCBHC Implementation Timeline</p> <p><i>Provide a planned schedule, in table format, for the organization's pursuit of CCBHC certification and the accomplishment of all program requirements. Outline the implementation status expected by each of the following checkpoints: December 2027, May 2029, and December 2030.</i></p>	.pdf
Optional Application Components		
	Completed Community Health Needs Assessment	.pdf file
	<p>Key Personnel</p> <p><i>Resumes and professional credentials for key project personnel identified in the Project Narrative may be uploaded as part of the response to this application.</i></p>	.pdf of all resumes merged into one file

SECTION 2.1: LETTER OF INTENT REQUIREMENTS

DSS believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and experience in the delivery of behavioral health services will be able to complete the Required Cohort Activities in the timeline available. Applicants must submit documentation in Attachment 1 of their application that attests to the following requirements related to participation in the cohort and subsequent CCBHC provisional certification activities. This Letter of Intent is non-binding but will be used to gauge overall organizational commitment to the state-level goals identified within this application relative to CCBHC expansion.

Letter of Intent requirements include:

- Attestation that the applicant intends to complete the Required Cohort Activities to the best of its ability
- Identification of any known or planned DCO or partnership relationships known at the time of application
- Indication of relevant organizational experience in the delivery of behavioral health services within South Dakota
- Attestation that the applicant intends to comply with all applicable state and federal requirements resulting from this award if granted
- Attestation that the applicant intends to pursue provisional CCBHC certification within the State of South Dakota at this time

The Letter of Intent must be signed by the organization's authorized representative.

SECTION 2.2: PROGRAM NARRATIVE DETAIL

The Program Narrative is used to describe your organization’s overall approach to CCBHC implementation in alignment with the [six CCBHC certification criteria](#)¹. The CCBHC Certification Criteria stipulates nine (9) required services that certified clinics must deliver or partner with a community-based agency to deliver on their behalf. The official Scope of Services can be reviewed in the Certification Criteria document available at the hyperlink below (beginning on page 25). Please reference this for any specific service definitions as you draft the Program Narrative.

IMPORTANT NOTE: The application form and Program Narrative questions will be used collectively to capture information about your organization’s current readiness to implement required activities of being a CCBHC. The categories presented here are not exhaustive as several elements (e.g., development of required community-based services for veterans and members of the armed forces) will be collaboratively developed as part of the Cohort Learning Community.

The following topics and specific points must be addressed in your response. Applicants shall organize their narrative responses in the same manner, using the same headers, as presented below.

Topic 1: CCBHC Program Requirements

1. Staffing

- a. **Organizational Staffing for the Cohort:** Project staffing must be sufficient to implement the Required Cohort Activities and at minimum include an identified Project Director. This individual needs to have decision-making authority within the organization, must have knowledge and experience with behavioral health services and service delivery, and be able to collaborate with DBH on all aspects of CCBHC implementation as a single point of contact. Describe the experience and qualifications of the identified Project Director as well as other key personnel from the organization and their respective level of effort anticipated to be contributed to the project.
- b. **Cohort Contractual Supports:** DSS anticipates that each cohort organization may elect to support temporary staff supports and/or seek contractual services in support of implementing the Required Cohort Activities in pursuit of provisional CCBHC certification. Responses should indicate if contractual supports are anticipated, and if so, what area(s) of expertise would be contracted for and what would the anticipated scope of work include. Identification of specific contractors is not required at the time of application.
- c. **Anticipated CCBHC General Staffing:** Provide a self-assessment of the organization’s current alignment with *Criteria 1.A: General Staffing Requirements within the CCBHC Certification Criteria*. Responses should include identification of compliance criteria already met, any identified gaps in staffing, and the organization’s plan to address those gaps.
- d. **Licensure and Credentialing of Providers:** Provide a self-assessment of the organization’s current alignment with *Criteria 1.B: Licensure and Credentialing of Providers within the CCBHC Certification Criteria*. Responses should include identification of compliance criteria already met, any identified gaps in staffing, and the organization’s plan to address those gaps.

2. Availability and Accessibility of Services

- a. **Proposed Service Locations:** Applicants must identify the locations they intend to offer CCBHC services including managed satellite locations, known Designated Collaborating Organization (DCO) locations, as well as anticipated locations you may offer community-based services (e.g., schools, social service agencies, partner organizations). Refer to *Criteria 2.a.1- 2.a.3, Requirements of Access and Availability, within the CCBHC Certification Criteria* to inform your response. Applicants may consider presenting this in the form of a map overlaying the anticipated Designated Service Area with pins for the proposed service locations identified.
- b. **Access to Crisis Management Services:** Provide a self-assessment of the organization’s current alignment with *Criteria 2.C: 24/7 Access to Crisis Management Services within the CCBHC Certification Criteria*.

¹ <https://www.samhsa.gov/communities/certified-community-behavioral-health-clinics/ccbhc-certification-criteria>

Responses should include identification of compliance criteria already met, any identified gaps in access standards, and the organization's plan to address those gaps.

3. Care Coordination

- a. **Services Available:** Provide a self-assessment of the organization's current alignment with *Criteria 3.A: General Requirements of Care Coordination within the CCBHC Certification Criteria*. Responses should include identification of compliance criteria already met, any identified gaps, and the organization's plan to address those gaps.
- b. **Referrals and Follow-Ups:** Describe how a) referrals and b) follow-up contacts are tracked today and what would be needed to enhance that level of data sharing among DCOs and partners in order to align with the care standards outlined in *Criteria 3.C: Care Coordination Partnerships within the CCBHC Certification Criteria*.

4. Scope of Services

- a. **Person- and Family-Centered Treatment Planning:** Provide a self-assessment of the organization's current alignment with *Criteria 4.E: Person-Centered and Family-Centered Treatment Planning within the CCBHC Certification Criteria*. Responses should include identification of compliance criteria already met, any identified gaps, and the organization's plan to address those gaps.
- b. **Outpatient Mental Health and Substance Use Services:** Provide a self-assessment of the organization's current alignment with *Criteria 4.F: Outpatient Mental Health and Substance Use Services within the CCBHC Certification Criteria*. Responses should include identification of compliance criteria already met, any identified gaps, and the organization's plan to address those gaps.
- c. **Peer Supports:** Provide a self-assessment of the organization's current alignment with *Criteria 4.J: Peer Supports, Peer Counseling, and Family/Caregiver Supports within the CCBHC Certification Criteria*. Responses should include identification of compliance criteria already met, any identified gaps, and the organization's plan to address those gaps.

5. Quality and Other Reporting

- a. **Data Systems:** Provide a self-assessment of the organization's current alignment with *Criteria 5.a.1: Data Collection, Reporting, and Tracking within the CCBHC Certification Criteria*. Responses should include identification of compliance criteria already met, any identified gaps, and the organization's plan to address those gaps. In addition, responses should specifically address the following components:
 - i. Current capacity to capture and share health information electronically, what platform(s) and Electronic Health Record system(s) are used today in support of that communication, and what improvements are forecasted to ensure all CCBHC data sharing requirements are accomplished.
 - ii. Current ability for people receiving services to view, download, or transmit their health information to your agency and any forecasted improvements associated with adopting the CCBHC model.
 - iii. Current capacity for electronic prescribing and evidence-based clinical decision supports
 - iv. Assessment of how quality improvement decisions will be data-driven and if the current system has the capacity to do that
 - v. Assessment of how many connections will be needed to support communication between the CCBHC and its satellite sites (if applicable) along with new DCO or partnership connections

6. Organizational Authority and Governance

Provide a self-assessment of the organization's current alignment with *Program Requirement 6: Organizational Authority, Governance, and Accreditation within the CCBHC Certification Criteria*. Responses should include identification of compliance criteria already met, any identified gaps, and the organization's plan to address those gaps.

ATTACHMENT 1 – ALLOWABLE COHORT EXPENSES

The following is a non-exhaustive list of allowable expenses eligible for reimbursement to organizations selected to be in Cohort 1.

Allowable Costs and Activities

- Personnel costs: Salary and fringe benefits for staff dedicated to the planning, development, and implementation of the CCBHC model.
- Consultant and contractual services: Engaging experts for supporting agency-level costs in participating in any of the Required Cohort Activities, including but not limited to conducting Community Needs Assessments.
- Staff time offset for Training and Education: Activities to train staff on evidence-based practices (EBPs), trauma-informed care, and recovery-oriented services as part of the Required Cohort Activities.
- Travel: Costs for travel related to attending required recipient meetings or training sessions.
- Indirect costs

Unallowable Costs

- Direct treatment services
- Supplanting existing state or local funding for services
- Capital expenditures