

Downloadable FAQ: Shared Expenses for CCBHCs

This FAQ outlines common shared (indirect) expenses for Certified Community Behavioral Health Clinics (CCBHCs). These categories align with SAMHSA, HRSA, and Medicaid PPS guidance and are essential for cost allocation, PPS rate development, and capitation modeling.

1. What are indirect costs in a CCBHC?

Indirect costs or overhead, are those that support the overall operation of the clinic but cannot be directly tied to a single service line. Examples include administrative salaries, rent, and IT systems.

2. What types of administrative and general overhead expenses are shared?

- Executive leadership (CEO, COO, CFO salaries and benefits)
- Human resources administration
- Accounting and payroll processing
- Legal and compliance services
- Quality improvement and performance management staff
- Administrative support staff and office supplies
- Insurance, marketing, and communications
- Accreditation and membership dues

3. What facility and occupancy costs are typically shared?

- Rent or mortgage
- Building maintenance and janitorial services
- Utilities (electricity, water, gas)
- Security, landscaping, and parking
- Depreciation and leasehold improvements

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4. What IT and system costs are considered shared?

- Electronic Health Record (EHR) software and licensing
- IT staffing and technical support
- Hardware and devices (computers, tablets, phones)
- Data storage, cybersecurity, and telecommunications
- Billing and scheduling software systems

5. Are staff training and supervision costs shared?

Yes. Shared workforce expenses include:

- Orientation and onboarding programs
- Continuing education and professional development
- Clinical supervision and training stipends
- Travel and recruitment costs
- Employee wellness programs e.g. Employee Assistance Program, gym reimbursement

6. How are care coordination and management infrastructure costs handled?

These are often shared because they benefit multiple programs:

- Centralized intake and referral teams
- Shared care management supervisors and data staff
- Population health analytics and reporting
- Social determinants tracking systems

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7. Which compliance and quality programs are shared?

- Compliance officer and HIPAA programs
- Risk management and incident review committees
- Quality assurance and utilization review
- Licensing and certification renewals
- Audit preparation and policy management systems

8. What transportation and client support costs are shared?

- Fleet maintenance and coordination staff
- Transportation scheduling systems
- Translation and interpretation services
- Telehealth infrastructure shared across service lines

9. What financial and contract management costs are shared?

- Billing and revenue cycle staff
- Grants management and reporting
- Contract administration and renewals
- Cost reporting and audit support

10. Are depreciation and capital equipment shared expenses?

Yes. Shared depreciation includes:

- Furniture and equipment used across programs
- Capitalized IT and EHR improvements
- Leasehold improvements for multi-program facilities

11. Why is identifying shared expenses important?

Accurate classification of shared expenses ensures proper allocation to service lines, supports PPS or capitation rate setting, and maintains compliance with federal cost principles (2 CFR 200).