Certified Community Behavioral Health Clinic 2024 Standards

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Program Requirement 1: Staffing

ST 01: Community Needs Assessment

The CCBHC conducts a community needs assessment every 3 years.

Evidence
- Documented process.
  - *Example:* How the community needs assessment is conducted, how input is collected, who is assessed.
  - Evidence of implementation.
  - *Example:* Copy of community needs assessment.

Guidance
The Certified Community Behavioral Health Clinic (CCBHC) has a documented process for conducting a community needs assessment that includes data and input from community stakeholders. The assessment is informed by the treatment and service needs of the consumers (including children, youth and families) in the community and population served.

The CCBHC follows its process for engaging community stakeholders and receiving feedback from entities in the service area to inform the community needs assessment, including but not limited to:
- People with lived experience of mental and substance use conditions.
- People who have received/are receiving services from the CCBHC.
- Health centers (including Federally Qualified Health Centers).
- Local health departments.
- Inpatient psychiatric facilities/inpatient acute care hospitals and hospital outpatient clinics.
- Department of Veterans Affairs facilities.
- Representatives from K-12 school systems.
- Other community partners.

The community needs assessment:
- Describes the physical boundaries and size of the service area, and identifies sites where services are delivered by the CCBHC, including through designated collaborating organizations (DCO).
- Provides information about the prevalence of mental health, substance use conditions and related needs in the service area (e.g., rates of suicide and overdose).
- Documents economic factors and social determinants of health affecting the population's access to health services (e.g., percentage of the population with incomes below the poverty level; access to transportation; nutrition; stable housing).
- Captures cultures and languages of the populations in the service area (including, but not limited to, race, ethnicity, sexual orientation and gender identity, veterans, people with disability).
- Identifies underserved populations in the service area.
- Describes how the staffing plan addresses, or plans to address, assessment findings.
- Describes the organization's plan to update the community needs assessment every 3 years.

The community needs assessment includes input on:

- Cultural, linguistic and physical and behavioral health treatment needs.
- Evidence-based practices and behavioral health crisis services.
- Access and availability of CCBHC services, including days, times and locations and telehealth options.
- Potential barriers to care (e.g., geographic barriers, transportation challenges, economic hardship, lack of culturally responsive services, workforce shortages).

The assessment includes input from people who provide services to the patient population, and populations not historically engaged with health services:

- Organizations operated by people with lived experience of mental health and substance use conditions.
- Residential programs.
- Juvenile and criminal justice agencies and facilities.
- Indian Health Service or other tribal programs (e.g., Indian Health Service youth regional treatment centers, as applicable).
- Child welfare agencies and state licensed and nationally accredited child-placing agencies for therapeutic foster care service.
- Crisis response partners (e.g., hospital EDs, crisis stabilization settings, crisis call centers, warmlines).
- Specialty providers of medications for treatment of opioid and alcohol use disorders.
- Peer-run and -operated service providers.
- Homeless shelters.
- Housing agencies.
- Employment services systems.
- Services for older adults (e.g., Area Agencies on Aging).
- Aging and Disability Resource Centers.
- Other social and human services (e.g., domestic violence centers, pastoral services, grief counseling, Affordable Care Act navigators, food and transportation programs).

The assessment process includes state requirements.

Note: *Local health departments also develop community needs assessments that can be helpful to CCBHCs.*

1.a.1

ST 02: Staffing Plan

The CCBHC develops and maintains a staffing plan that is responsive to the community needs assessment.

Evidence
- Evidence of implementation.
  - *Example:* Staffing plan; organizational chart with titles, roles, position descriptions, responsibilities.

Guidance   The CCBHC follows a staffing plan for both clinical and nonclinical staff that is appropriate for the population receiving services. The plan describes how staffing

is determined by the community needs assessment in terms of size, composition and scope of services.

1.a.2

ST 03: Management Team

The CCBHC maintains an appropriate management team.

Evidence
- Evidence of implementation.
  - *Example:* Staffing plan, organizational chart, roster, description of credentials/ expertise.

Guidance   The CCBHC maintains a management team that is appropriate for the CCBHC's size and needs. The team make-up is determined by the community needs assessment and the staffing plan, and includes at minimum,

- A CEO or equivalent (e.g., project director).
- A medical director who is a psychiatrist.

If deemed acceptable for the size of the CCBHC, these positions may be held by the same person.

The medical director ensures the quality of medical care and provides guidance on delivery of behavioral health clinical services and fosters integration and coordination of behavioral and primary health care. The medical director does not have to be a full-time CCBHC employee.

If the CCBHC is unable to employ or contract a medical director who is a psychiatrist, a medically trained behavioral healthcare professional with the following qualifications meets requirements and can perform the role of medical director:

- Prescribing authority (can prescribe and manage medications independently according to state law).
- Appropriate education and licensure.
- Experience in psychopharmacology.

In this case, the organization consults a psychiatrist regarding delivery of behavioral health services and integration and coordination of behavioral and medical care.

1.a.3

ST 04: Liability/Malpractice Insurance

The CCBHC maintains liability/malpractice insurance.

Evidence
- Front matter.

Guidance   The CCBHC maintains liability and malpractice insurance that is adequate for the staff and scope of services provided.

1.a.4

ST 05: Licensure/Credentialing

The CCBHC ensures that providers maintain appropriate licensure and credentialing.

Evidence
- Front matter.

Guidance
The CCBHC has a process for determining that all CCBHC and DCO providers who directly serve patients:

- Are legally authorized to practice according to federal, state and local laws.
- Act within the scope of their respective licenses, certifications or registrations.
- Maintain all necessary required licenses, certifications and other credentials.
- If working toward licensure, are provided/receive appropriate supervision that meets applicable state Medicaid billing policies and regulations.

1.b.1

ST 06: Appropriate Staff

The CCBHC maintains appropriate staffing.

Evidence
- Evidence of implementation.
  - *Example:* Staffing plan.

Guidance
The CCBHC develops and maintains/fulfills a staffing plan that reflects the service/ treatment needs of people receiving services or populations served and is informed by the community needs assessment. The staffing plan includes clinical, peer and other staff who may be employed or contracted.

Staff include:
- A medically trained behavioral healthcare provider.
- Licensed or certified substance use treatment counselors or specialists (employed or contracted).
- Experienced addiction medicine physicians or specialists.
  - For consultation if the medical director is not experienced in treating substance use disorders.
- Staff experienced in trauma and recovery of children and adolescents with serious emotional disturbance and adults with serious mental illness.

Staff may include, but are not limited to:
- Psychiatrists (including general adult psychiatrists and subspecialists).
- Nurses.
- Licensed independent clinical social workers.
- Licensed mental health counselors.
- Licensed psychologists.
- Licensed marriage and family therapists.
- Licensed occupational therapists.
- Staff trained to provide case management.
- Certified/trained peer specialist(s)/recovery coaches.
- Licensed addiction counselors.
- Certified/trained family peer specialists.

- Medical assistants.
- Community health workers.
- Staff required by the state for certification.

The staffing plan must meet all requirements of the state behavioral health authority or state accreditation standards.

Staffing considerations

The CCBHC may employ medically trained behavioral health provider(s) who can prescribe and manage medications independently under state law, including buprenorphine and other FDA-approved medications used to treat opioid, alcohol and tobacco use disorders.

Note: *Unless the CCBHC is an opioid treatment program (OTP), medications do not include methadone. However, if the CCBHC is not able to prescribe methadone for treatment of opioid use disorder directly, it should refer to an OTP and provide care coordination for access.*

To adhere to program requirements under Care Coordination and Scope of Services, the CCBHC may supplement core staff and individual treatment plans through formal arrangements with and referrals to other providers.

The CCBHC may provide some services through contracted or part-time staff.

CCBHC organizations with multiple locations may share providers across locations.

The CCBHC may use complimentary modalities (e.g., telehealth/telemedicine, video conferencing, patient monitoring, asynchronous interventions, other technologies) if services are coordinated with other services the CCBHC delivers.

The CCBHC may employ providers working toward licensure, under supervision.

1.b.2

ST 07: Staff Training

The CCBHC trains staff on relevant behavioral health topics.

Evidence
- Documented process.
  - Evidence of implementation.
  - – *Example:* Training materials. Care team member documentation of competency and in-service/ education attendance, staff training plan/schedule, attendance log.

Guidance
The CCBHC has a process for regularly assessing, training and educating employed/contracted staff who provide services to patients, and documents in-service trainings attended and completed. The CCBHC maintains documentation of training for the duration of employment.

At staff orientation and at reasonable intervals, the CCBHC provides training on:

- Evidence-based practices.
- Cultural competency.
- Person- and family-centered, recovery-oriented planning and services.
- Trauma-informed care.
- The CCBHC's policy and continuity plan for operations/disasters.

- The CCBHC's policies and procedures for integrating and coordinating with primary care-integrated care of mental health and substance use disorders.
- At orientation and annually thereafter, the CCBHC provides training on:
  - Risk assessment.
  - Suicide and overdose prevention and response.
  - The roles of families and peer staff.

Staff training aligns with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) to advance health equity, improve quality of services and eliminate disparities. If active-duty military or U.S. Armed Forces veterans are served, training includes information related to military culture. Examples of training and materials include, but are not limited to, those available through the HHS website, the SAMHSA website, the HHS Office of Minority Health and the Health Resources and Services Administration website.

The CCBHC has a documented process for assessing the skills, competencies, education, training and experience of individuals who provide staff training. Policies and procedures describe assessment methods.

1.c.1, 1.c.2, 1.c.3, 1.c.4

ST 08: Cultural and Linguistic Training

The CCBHC has culturally and linguistically appropriate training and services.

Evidence
- Documented process.
  - Evidence of implementation.
  - *Example:* Examples of services used; list of services available to the practice.

Guidance   The CCBHC has a process for providing culturally and linguistically appropriate services for patients, as informed by the community needs assessment. All care team members receive cultural competency training that includes race, ethnicity, age, sexual orientation and gender identity. Staff who are not veterans of the U.S. Armed Forces receive training on military and veteran culture.

At a minimum, the CCBHC provides:

- Access to language assistance for people with limited English proficiency or language-based disabilities.
  - Interpretation/translation services are readily available and appropriate for the needs of the population. Examples of services may include:
    - Bilingual staff.
    - Onsite interpreters trained in a medical and a behavioral health setting.
    - Telephone language line.
    - Sign language interpreters.
- Auxiliary aids and services that are compliant with the Americans with Disabilities Act and responsive to people receiving services with physical, cognitive and/or developmental disabilities.

1.d.1, 1.d.2, 1.d.3, 4.k.6

ST 09: Information Available

The CCBHC informs people receiving services about its role and responsibilities.

Evidence
- Documented process.

- Evidence of implementation.

Guidance   The CCBHC has a process for providing people receiving services/families/caregivers with information about its role and responsibilities, at the start of care and throughout the care trajectory. Reminding people receiving services periodically ensures that they have ready access to essential information and available resources.

Information is in electronic and paper format, to accommodate preference and language needs of people receiving services. Materials are provided in a timely manner and in languages relevant to the population, as identified in the needs assessment.

Materials include:

- Names and phone numbers of CCBHC points of contact. *(PCMH)*
- Instructions for contacting staff after office hours.
- Registration forms.
- Sliding scale fee discount schedule.
- Signage with required information prominently displayed at the site.
- A list of CCBHC services. *(PCMH)*
- A list of resources for patient education and self-management support. *(PCMH)*
- Indication that the CCBHC provides evidence-based care. *(PCMH)*
- Information about telehealth availability, including how and when to use the technology, if appointments are conducted using telehealth.

1.d.4

ST 10: Privacy Requirements

The CCBHC complies with confidentiality and privacy requirements.

Evidence   • Front matter.

Guidance   The CCBHC's policies have explicit provisions for ensuring that all employees, affiliated providers and interpreters understand and adhere to confidentiality and privacy requirements applicable to the service provider. These include, but are not limited to, requirements of the Health Insurance Portability and Accountability Act (HIPAA) (Pub. L. No. 104-191, 110 Stat. 1936 [1996]), 42 CFR Part 2, and other federal and state laws, including patient privacy requirements specific to the care of minors.

1.d.5

Program Requirement 2: Availability and Accessibility of Services

AAS 01: Safe Access to Care

The CCBHC provides attainable and safe access to care.

Evidence
- Documented process.
  - Evidence of implementation.
  - *Example:* Screen shot of hours of operation, locations. Contents of welcome packet, disaster plan, patient survey.
  -

Guidance   The CCBHC has policies in place that at minimum, address the following:

- *Environment:* The CCBHC is a safe, functional, clean and welcoming environment for people receiving services and for staff.
- *Service hours:* CCBHC services are provided during hours that meet accessibility needs of the population, including evening and weekend hours, as informed by the needs assessment.
- *Locations:* CCBHC locations meet accessibility needs of the population, including within the community (schools, social service agencies, partner organizations, community centers) and in the homes of people receiving services.
- *Transportation:* The CCBHC provides transportation (including vouchers) to people receiving services through relevant funding or programs, to the extent possible, to facilitate access to care.
- *Modalities:* The CCBHC provides appropriate modalities to ensure that preferences and service needs of people receiving services are met (e.g., telehealth/telemedicine, video conferencing, remote patient monitoring, asynchronous, interventions, other digital health technologies).
- *Outreach:* The CCBHC conducts outreach activities that facilitate engagement and retention, to support inclusion and access for members of underserved communities, as informed by the community needs assessment.
- *Services:* The CCBHC provides voluntary and court-ordered services that are subject to state standards.
- *Disaster plan:* The CCBHC has a continuity of operations or disaster plan that includes provisions for notifying staff, people receiving services, health care and community partners when services are disrupted, in addition to:
  - Alternative locations and methods for delivery of services and access to behavioral health medications, as feasible.
  - Health IT systems security and ransomware protections.
  - How people receiving services and staff can access IT systems, including patient health records.

2.a.1–2.a.8

AAS 02: Timely Access

Peoples receive services in a timely manner.

Evidence	• Documented process.
	• Evidence of implementation.

Guidance   The CCBHC has a process for ensuring that new and referred patients receive services in a timely manner. This includes a preliminary triage and risk assessment in person, by phone or other communication to determine need and appropriate timing of services. The CCBHC performs an initial and comprehensive evaluation after the preliminary triage and risk assessment.

The CCBHC has a process for establishing a time frame to address acuteness of needs for new or referred people receiving services.

- *If the need is an emergency or crisis,* the CCBHC takes action immediately, including initial evaluation by telephone and intervention to reduce risk of harm and facilitate necessary outpatient follow-up.
  - If the initial evaluation is conducted by telephone, the person receiving services is seen in person at the next encounter, and the initial evaluation is reviewed.
- *If the need is urgent,* the CCBHC provides clinical services and/or evaluation within 1 business day.
  - If the initial evaluation is conducted by telephone, the person receiving services is seen in person at the next encounter, and the initial evaluation is reviewed.
- *If the need is routine,* the CCBHC provides services and/or completes an evaluation within 10 business days.

New people s seeking services receive a comprehensive evaluation within 60 calendar days of an initial request for services.

To avoid duplication of effort, the CCBHC has established partnerships to incorporate findings from other screenings and assessments completed by the state for certain children, youth or populations. This does not prevent or delay the CCBHC's initiation and completion of the evaluation or treatment in the 60-day period.

The CCBHC has a process for establishing a time frame to address acuteness of needs for new or referred people receiving services.

- *Current people receiving services with an emergency/crisis* need receive appropriate intervention immediately, based on need, including immediate crisis response if necessary.
- *If a current people receiving services presents with an urgent, nonemergency need*, the CCBHC provides services within 1 business day of the request for appointment. The CCBHC may provide services at a later time, according to preference of the person receiving services, but encourages same-day and open access scheduling.
- *Current people receiving services seeking routine* outpatient clinical services receive an appointment within 10 business days of a request for appointment.

Note: *The exception to this requirement is if state, federal or applicable accreditation standards are more stringent.*

2.b.1, 2.b.3

AAS 03: Person-Centered Treatment Plan

The CCBHC has a person- and family-centered treatment plan.

Evidence
- Evidence of implementation.
  - *Examples:* De-identified treatment plan.

Guidance
The CCBHC develops a person- and family-centered treatment plan that is reviewed, updated as needed and agreed on by the treatment team. Plan updates reflect changes to goals, service needs or progress of the person receiving services. The treatment plan is reviewed (with the person receiving services) and updated at least every 6 months (unless other accreditation standards are more stringent).

2.b.2

AAS 04: Crisis Management

The CCBHC provides crisis management services.

Evidence
- Documented process.
  - *Example:* Crisis management process with third parties outlined in the MOU.
- Evidence of implementation.
  - *Example:* Workflow chart.

Guidance
The CCBHC has procedures in place to ensure that crisis management services are available and accessible 24 hours a day, 7 days a week. Services include education on:

- The 988 Suicide and Crisis Lifeline (by call, chat, text).
- Other area hotlines or warmlines.
- How to access overdose prevention if a risk is identified during initial evaluation.
  - Instructions for access are available in the appropriate methods, languages and literacy levels.

Information about the CCBHC's crisis management services is available to the public and describes the CCBHC's crisis prevention, response and postvention services. The CCBHC educates people receiving services about crisis planning, psychiatric advanced directives and how to access crisis services.

The CCBHC has a protocol in place with law enforcement to reduce delays for initiating services during and following a behavioral health crisis.

The CCBHC maintains a working relationship with local hospital EDs and has established protocol for staff to address the needs of people receiving services at hospital EDs for psychiatric crises.

The CCBHC has created, maintains and follows crisis plans to prevent and de-escalate future crisis situations, in conjunction with the person receiving services following a psychiatric emergency or crisis.

2.c.1-2.c.6

AAS 05: No Refusal of Services

The CCBHC does not deny services based on ability to pay.

Evidence
- Documented process.
  - Evidence of implementation.
  - *Example:* Posted materials.

Guidance   The CCBHC ensures that fees or required payments are reduced or waived so no one is denied behavioral healthcare services, including, but not limited to, crisis management.

Sliding fee scale

The CCBHC has a process for implementing and communicating a sliding fee scale for people receiving services, for all services. The CCBHC's written policy describes eligibility for the sliding fee discount, and states that the policy is applied equally to all individuals seeking services.

The fee schedule complies with state or administrative requirements, or with federal statutory or administrative requirements, as applicable. If there are no applicable state or federal requirements, the schedule is based on locally prevailing rates or charges.

The CCBHC communicates information about the sliding fee schedule in preferred language and accommodates people receiving services with limited English proficiency or literacy, or with disabilities.

The sliding fee schedule is posted on the CCBHC website and in CCBHC waiting rooms and is readily accessible to people receiving services and families.

2.d.1, 2.d.2, 2.d.4

AAS 06: Fee Schedule

The fee schedule meets pertinent requirements.

Evidence
- Front matter.

Guidance   The sliding fee schedule conforms to state and federal requirements and is based on/reflects local rates or charges and reasonable costs of operation.

2.d.3

AAS 07: Access to Services

The CCBHC does not deny services based on housing status.

Evidence
- Documented process.
  - *Example:* Policy/procedure.

Guidance   The CCBHC ensures that no one is denied access to behavioral health services, including, but not limited to, crisis management due to place of residence, homelessness or lack of permanent address.
The CCBHC has a protocol to meet the needs of people who do not live nearby or in the service area. The protocol addresses the CCBHC's responsibility to provide

crisis response, evaluation and stabilization services, and how a person's' ongoing treatment needs are managed beyond stabilization.

CCBHC protocol may also include:

- Agreements with clinics in other locations to refer and track people seeking services to those clinics.

- Use of telehealth/telemedicine, video conferencing, remote patient monitoring, asynchronous interventions and other technologies, for people who live in the CCBHC's service area, but a long distance from the CCBHC, according to the person's preferences.

- Populations that may transition in and out of service areas, such as children with out-of-home placements or adults who are displaced due to incarceration or housing instability.

2.e.1, 2.e.2

Program Requirement 3: Care Coordination

CC 01: Care Coordination

The CCBHC coordinates care based on the person's needs and treatment plan.

Evidence
- Documented process.
  - Evidence of implementation.
  – *Example:* Screenshots of de-identified patient charts
  - Materials.
  – *Example:* Report of referrals, consent forms.

Guidance
The CCBHC coordinates care based on its person- and family-centered treatment plan and the preferences and needs of the person receiving services. Care coordination aligns with Affordable Care Act requirements, state regulations and best practices. When appropriate or desired, care coordination is in collaboration with family and caregivers and other supports, to the extent possible. The CCBHC also coordinates with other systems, including criminal or juvenile justice, and child welfare agencies.

The CCBHC helps people obtain appointments to referred external providers and resources and tracks their participation and receipt of services. The CCBHC facilitates access to benefits and enrollment in programs or supports (e.g., Medicaid).

The CCBHC facilitates access to acute and chronic physical health care, behavioral healthcare, social services, housing, educational systems and employment opportunities to aid in the person's wellness and recovery.

Consent

The CCBHC maintains necessary documentation for adherence to HIPAA requirements and to other federal or state privacy laws, including privacy requirements specific to care for minors.

The CCBHC obtains the necessary consent to share information with community partners. The CCBHC works with DCOs to ensure consent is obtained for people receiving services. Consent documents meet all local, state and federal privacy and confidentiality requirements.

If the CCBHC is unable to obtain consent for a care coordination activity, it documents attempts to obtain consent.

CCBHCs are encouraged to use electronic documentation methods for consent, when feasible and aligned with the capabilities and needs of the person receiving services.

3.a.1, 3.a.2, 3.a.3, 3.a.6, 3.a.7, 3.b.4

CC 02: Interdisciplinary Treatment Team

The CCBHC designates an interdisciplinary treatment team.

Evidence
- Documented process.
  - Evidence of implementation.
  – *Example:* Care plan.

Guidance   The CCBHC designates an interdisciplinary treatment team to direct, coordinate and manage care and services. The team includes the person receiving services and, if desired, may include legal guardians, family/caregivers or additional support people.

The team coordinates the medical, psychiatric, psychosocial, emotional, therapeutic and recovery support needs of the person receiving services, including traditional care modalities of people who are American Indian, Alaska Native or members of other cultural and ethnic groups.

The team coordinates care and services provided by DCOs in accordance with the current treatment plan.

All treatment planning and care coordination activities align with requirements of Section 2402(a) of the Affordable Care Act. All treatment planning and care coordination activities are subject to HIPAA (Pub. L. No. 104-191, 110 Stat. 1936 [1996]), 42 CFR Part 2, and other federal and state laws, including patient privacy requirements specific to the care of minors.

3.d.1, 3.d.2, 3.d.3

CC 03: Crisis Plan Development

The CCBHC develops a crisis plan with people receiving CCBHC services.

Evidence
- Evidence of implementation.
  – *Example:* Screenshot of plan, document upload.

Guidance   The CCBHC develops a crisis plan with each person receiving services, to identify their preferences for care coordination in the event of a psychiatric or substance use crisis. At minimum, the crisis plan includes use of the National Suicide and Crisis Lifeline, local hotlines, warmlines and mobile crisis and stabilization services, if there is a crisis when CCBHC providers are unavailable.

If desired by the person receiving services, the crisis plan may include development of a Psychiatric Advanced Directive, to be entered in the EHR, where it can be accessed by providers in an emergency care setting.

3.a.4

CC 04: Prescription Drug Monitoring Program Consultation

The CCBHC uses a state-controlled prescription drug monitoring program.

Evidence
- Evidence of implementation.
  - *Example:* Screenshots of de-identified PDMP.

Guidance   The CCBHC makes documented attempts to determine medications prescribed by other providers, by consulting a state controlled-substance database, known as a **prescription drug monitoring program (PDMP)** or **prescription monitoring program.**

The CCBHC consults the PDMP during a comprehensive evaluation.

Upon appropriate consent to release of information, the CCBHC provides information to other providers with whom it is not affiliated, to the extent necessary for safe and quality care.

3.a.5

CC 05: Privacy and Confidentiality

The CCBHC complies with privacy and confidentiality requirements.

Evidence
- Front matter.

Guidance   The CCBHC works with DCOs to ensure that all steps are taken to comply with privacy and confidentiality requirements, including obtaining consent from people receiving services.

Requirements include, but are not limited to, those of HIPAA (Pub. L. No. 104-191, 110 Stat. 1936 [1996]), 42 CFR Part 2, and other federal and state laws, including patient privacy requirements specific to the care of minors.

3.b.4

CC 06: Partnerships With FQHCs and RHCs

The CCBHC partners with Federally Qualified Health Centers and Rural Health Clinics.

Evidence
- Evidence of implementation.
  - *Example:* Agreement, protocol.

Guidance   The CCBHC has an established partnership with Federally Qualified Health Care Centers (FQHC) and Rural Health Clinics (RHC) to provide non-CCBHC health care services. This partnership is supported by a formal, signed agreement that outlines each partner's roles and responsibilities in care coordination.

The CCBHC has established a protocol with FQHC Look-Alikes and community health centers to ensure adequate care coordination.

3.c.1

CC 07: Partnerships With Behavioral Health Providers

The CCBHC partners with behavioral health entities.

Evidence	• Documented process.
	• Evidence of implementation.
	− *Example:* Agreement, protocol.

Guidance   The CCBHC establishes partnerships with programs that provide:

- Inpatient psychiatric treatment.
- Opioid treatment services.
- Medical withdrawal management facilities.
- Ambulatory medical withdrawal management providers for substance use disorders.
- Residential substance use disorder treatment programs (in the CCBHC service area).
- Tribally operated mental health and substance use services and crisis services (in the CCBHC service area).

Partnerships are supported by a formal, signed agreement that outlines each partner's roles and responsibilities in care coordination.

The CCBHC has an established protocol:

- For tracking when people receiving services are admitted to or discharged from a facility.
  - *Exception:* If there is formal transfer of care to a non-CCBHC entity.
- Describing procedures for transitioning people from EDs, inpatient psychiatric programs, medically monitored withdrawal management services and residential or inpatient facilities serving children and youth (e.g., psychiatric residential treatment facilities, other residential treatment facilities) to a safe community setting.
- For transferring health records of services received (including prescriptions).
- For active follow-up after discharge.
- If appropriate, for suicide prevention and safety, overdose protection and peer services.

3.c.2

CC 08: Partnerships With Community Organizations

The CCBHC develops partnerships with organizations in the community.

Evidence	• Evidence of implementation.
	− *Example:* Formal/informal agreements, referral report.

Guidance   The CCBHC establishes partnerships with community or regional services, supports and providers to support care coordination, identify people in need of services and enable the CCBHC to:

- Provide services in community settings.
- Provide support and consultation with a community partner.

- Support outreach and engagement efforts.

The CCBHC develops partnerships with the following organizations in its service area:

- Schools.
- Child welfare agencies
- Juvenile and criminal justice agencies and facilities.
- Indian Health Service youth regional treatment centers.
- State licensed and nationally accredited child placement agencies for therapeutic foster care services.
- Other social and human services.

The CCBHC may develop partnerships with entities, based on the populations served, needs and preferences of people receiving services and/or identified needs in the community needs assessment, including, but not limited to:

- Specialty providers, including those who prescribe medications for treatment of opioid and alcohol use disorders.
- Suicide and crisis hotlines and warmlines.
- Indian Health Service or other tribal programs.
- Homeless shelters.
- Housing agencies.
- Employment services systems.
- Peer-operated programs.
- Services for older adults, such as Area Agencies on Aging.
- Aging and Disability Resource Centers.
- State and local health departments and behavioral health and developmental disabilities agencies.
- Substance use prevention and harm reduction programs.
- Criminal and juvenile justice, including law enforcement, courts, jails, prisons and detention centers.
- Legal aid.
- Immigrant and refugee services.
- SUD Recovery/Transitional housing.
- Programs and services for families with young children, including Infants & Toddlers, Women, Infants, and Children (WIC), Home Visiting Programs, Early Head Start/Head Start and Infant and Early Childhood Mental Health Consultation programs.
- Coordinated Specialty Care programs for first-episode psychosis.
- Other social and human services (e.g., intimate partner violence centers, religious services and supports, grief counseling, Affordable Care Act Navigators, food and transportation programs).

Partnerships may be supported by a formal, signed agreement or unsigned joint protocol that outlines each partner's roles and responsibilities in care coordination.

Note: *Certifying states may require CCBHCs to establish additional partnerships.*

3.c.3

CC 09: Partnerships With the DVA

The CCBHC establishes a partnership with the Department of Veterans Affairs.

Evidence
- Evidence of implementation.
  - *Example:* Agreement, protocol.

Guidance   The CCBHC has an established partnership with the Department of Veterans Affairs medical center, independent clinic, drop-in center or other department facility. The CCBHC establishes care coordination agreements with each type of department facility located in the service area.

Partnerships are supported by a formal, signed agreement that outlines each partner's roles and responsibilities in care coordination.

3.c.4

CC 10: Partnerships With Hospitals

The CCBHC establishes partnerships with hospitals and affiliated facilities.

Evidence
- Documented process.
- Evidence of implementation.
  - *Example:* Formal/informal agreement that includes follow-up after discharge, notification, sharing information.

Guidance   To help people transition from the ED or hospital to clinic and community care, the CCBHC has an established partnership with inpatient acute-care hospitals and their affiliated services or facilities in the service area, including EDs, hospital outpatient clinics, urgent care center and residential crisis settings and peer recovery specialists/coaches.

The CCBHC works with the discharging facility to ensure continuity of care and minimize time between discharge and follow-up.

The CCBHC has established a protocol to:
- Support tracking when people receiving services are admitted to and discharged from facilities.
- Support transfer of health records of services received (prescriptions).
- Follow up after discharge.
- Use the Admission-Discharge Transfer system for notifications.
- Coordinate consent and follow up within 24 hours with people at risk for suicide or overdose and continue until the person is linked to services or assessed to no longer be at risk.

3.c.5

CC 11: Health IT Systems

The CCBHC establishes or maintains a secure health IT system.

Evidence	• Evidence of implementation, *or*
	• Attestation in Q-PASS.

Guidance The CCBHC establishes and/or maintains a secure health IT system that includes, but is not limited to, EHRs, and is used to conduct activities such as:

- Population health management.
- Quality improvement.
- Quality measurement and reporting.
- Reducing disparities.
- Outreach.
- Research.
- Participation in activities that use Department of Health and Human Services-adopted standards such as a health information exchange (if federal funds are used to acquire, upgrade or implement health IT).

3.b.1., 3.b.2

CC 12: Certified Health IT Systems

The CCBHC's health IT is certified.

Evidence	• Attestation in Q-PASS,

Guidance The CCBHC employs technology certified under the ONC Health IT Certification Program for the following core set of certified health IT capabilities:

- Capturing health and demographic information (race, ethnicity, preferred language, sexual and gender identity, disability status [as feasible]).
- Sending and receiving summary of care records for care coordination.
- Providing timely electronic access to people receiving services that allows them to view, download and transmit their health information or access the information via an API on a personal health app of their choice.
- Providing evidence-based clinical decision support.
- Electronic prescribing.

3.b.3

CC 13: Health IT Plan

The CCBHC uses, or has plans to use, a health IT plan.

Evidence   Documented process (copy of Health IT plan)

Guidance   The CCBHC develops and implements a plan to improve care coordination with all DCOs using a health IT system within 2 years of certification or submission of attestation. The plan addresses how the CCBHC can/will:

- Support electronic health information exchange to improve transition of care to and from the CCBHC.
- Support integrated evaluation planning, treatment and care coordination by working with CCBHCs and DCOs to integrate relevant treatment records generated by the DCO into CCBHC health records.
- Ensure that clinically relevant treatment records maintained by the CCBHC are available to DCOs in accordance with federal and/or state laws.

3.b.5

Program Requirement 4: Scope of Services

SCS 01: CCBHC-Provided Services

The CCBHC provides services (as specified in the Protecting Access to Medicare Act) directly or through agreement with a DCO.

Evidence
- Evidence of implementation.
  - *Example:* Encounter reports within time period.

Guidance   The CCBHC provides at least 51% of all encounters, with the exception of crisis services. Services include, at a minimum:

- Screening, assessment and diagnosis.
- Crisis services.
- Person- and family-centered treatment planning.
- Outpatient behavioral health services.
- Outpatient primary care screening and monitoring.
- Targeted case management.
- Psychiatric rehabilitation.
- Peer and family supports.
- Intensive community-based behavioral healthcare for members of the U.S. Armed Forces and veterans.

4.a.1

SCS 02: Initial Evaluation

The CCBHC performs an initial evaluation.

Evidence
- Evidence of implementation.
  - *Example:* Screenshots.

Guidance   The CCBHC's initial evaluation includes:

- A preliminary diagnosis.
- Referral source, if applicable.
- The reason for seeking care.
  - Provided by the person seeking care or by individuals with significant involvement.
- Identification of immediate clinical care needs related to diagnosis of mental and substance use disorders.
- A list of all current prescriptions, OTC medications, herbal remedies and supplements, and indication for each.
- A summary of previous mental health and substance use disorders, including treatments that were helpful and not helpful.
- Use of alcohol and/or drugs, and indication for current medications.
- Assessment of whether the person is a risk to self or to others, including suicide risk factors.

- Assessment of concerns for personal safety, such as intimate partner violence.
- Assessment of the need for medical care (including referral and required follow-up).
- Whether the person is a member of the U.S. Armed Forces or a veteran.
- For children and youth, whether they are involved in child welfare or juvenile justice system.

4.d.3

SCS 03: Coordination of Crisis Services

The CCBHC provides crisis services directly or through DCO agreement.

Evidence
- Evidence of implementation.
  - *Example:* Formal agreement.

Guidance
The CCBHC provides crisis services directly or through a DCO agreement with state-sanctioned, certified or licensed systems or networks that provide crisis behavioral health services, as identified below.

The CCBHC has approval from the Department of Health and Human Services (HHS) to have a DCO relationship with a state-sanctioned crisis system that operates under less-stringent standards than those identified below.

The certifying state has approval from HHS to certify CCBHCs in a state that has, or seeks to have, a DCO relationship with a state-sanctioned crisis system with less stringent standards than those identified below.

The CCBHC provides the following crisis services directly or through an agreement with a DCO.

- *Emergency crisis intervention:*
  - Through telephone, text and chat crisis intervention call centers.
    - Interventions meet 988 Suicide & Crisis Lifeline standards for risk assessment and engagement of individuals at imminent risk of suicide.
- *24-hour mobile crisis teams:*
  - Available 24 hours a day, 7 days a week.
  - Available to adults, children, youth and families wherever the crisis is experienced.
  - Mobile crisis teams arrive within 1 hour (2 hours in rural or frontier settings) from time of dispatch.
    - Technology may be leveraged if travel time is greater than 2 hours, but an in-person response can be provided when necessary to ensure safety.
  - Response times do not exceed 3 hours.
- *Crisis receiving/stabilization.*
  - Provided for voluntary urgent care/walk-in mental health and substance use disorder services for individuals, to identify immediate needs, de-escalate a crisis and connect to a safe and least-restrictive setting.
  - Walk-in hours are informed by the community needs assessment and include evening hours that are publicly posted.

– Services include suicide prevention and substance use crises, including potential overdose and following a nonfatal overdose (after the person is stable).

▪ Overdose prevention includes availability of naloxone for overdose reversal.

The CCBHC has a protocol for specifying the role of law enforcement during provision of crisis services. As part of the requirement to provide training related to trauma-informed care, the CCBHC focuses on applying trauma-informed approaches during crises.

Referrals from the call center to the CCBHC or its DCO crisis care provider are tracked to ensure timely delivery of the mobile crisis team response, crisis stabilization and postcrisis follow-up care.

4.c.1

SCS 04: Comprehensive Evaluation

The CCBHC performs a comprehensive evaluation.

Evidence
- Evidence of implementation.
  – *Example:* Screenshots.

Guidance
The comprehensive evaluation prioritizes the person's preferences for depth and treatment goals, and gathers sufficient information to meet complexity of needs, clinic-collected quality measures and state, federal and/or other accreditation requirements.

The evaluation includes:
- The person's reasons (including symptoms and circumstances) for seeking services.
- An overview of relevant social supports, social determinants of health and social needs.
- The person's cultural and environmental factors, including linguistic services/ supports.
- Pregnancy/parenting status.
- Behavioral health history, trauma history, previous therapeutic interventions, hospitalizations.
- Relevant medical history and major health conditions.
- A medication list.
- Assessment of current mental status and mental health, and substance use disorders.
- Screening for cognitive impairment.
- An assessment of imminent risk (e.g., suicide, withdrawal, overdose, danger to self or others, urgent/critical medical conditions, threats to personal safety from others).
- Person's strengths, goals, preferences and other factors to be considered in treatment/recovery planning.
- Assessment of the need for other services (e.g., peer support, targeted case management, rehabilitation).

- Assessment of relevant social services needs and referrals to services, including systems involvement for children and youth.
- Assessment of the need for physical examination or evaluation by health care professionals, including primary care referral and follow-up, if necessary.
- Person's preference regarding use of technologies such as telehealth/telemedicine, video conferencing, remote patient monitoring, other asynchronous interventions.

Note: Certifying states may require additional screening and monitoring.

4.d.4, 4.d.5

SCS 05: Person-Centered Treatment Planning

The CCBHC uses standardized tools to screen or assess people receiving services.

Evidence
- Evidence of implementation.
  - *Example:* Materials, tools.

Guidance   The CCBHC uses screening/assessment tools and approaches that are standardized and validated, and that accommodate the person. These include motivational interviewing techniques, developmentally appropriate assessment tools and culturally and linguistically appropriate tools to accommodate literacy levels and hearing or cognitive limitations.

4.d.6, 4.d.7

SCS 06: Treatment Planning

The CCBHC provides treatment planning.

Evidence
- Front matter.

Guidance   The CCBHC provides person- and family-centered treatment planning directly through agreement or collaboration with a DCO, including, but not limited to, risk assessment and crisis planning. Treatment planning aligns with Affordable Care Act Section 2404(a).

4.e.1

SCS 07: Individualized Treatment Plan

The CCBHC provides individualized treatment plans.

Evidence
- Evidence of implementation.
  - De-identified patient examples.

Guidance   The CCBHC develops an individualized treatment plan that is informed by the initial evaluation, comprehensive evaluation, ongoing screening and assessment, and includes the goals and preferences of the person receiving services. The CCBHC includes all necessary releases of information in the health record as part of the treatment plan. Advanced directives related to treatment and crisis planning

(including the person's decision to not share preferences for these) are also included in the health record.

The treatment plan meets the following criteria:

- Addresses the person's individual prevention, medical and behavioral health needs.
  - Including all services required and recovery supports.
- Developed in collaboration with and agreed on by the person receiving services, their family and family/caregivers of youth/children/legal guardians.
  - Including needs, strengths, abilities, preferences and goals, documented with the words or ideas of the person receiving services and family/caregivers, when appropriate.
- Treatment plan goals established through a shared decision-making approach.
  - With a provision for monitoring progress toward goals.
- Developed in coordination with necessary staff and programs.
  - Consultation is sought for planning as needed, such as for eating disorders, traumatic brain injury, intellectual and developmental disabilities, interpersonal violence and human trafficking.
- Supports care in the least restrictive setting possible.

4.e.2–4.e.7

SCS 08: Addressing Patient Needs

The CCBHC informs people receiving services that its services comply with Affordable Care Act requirements.

Evidence
- Evidence of implementation.
  - *Example:* Materials.

Guidance   The CCBHC has a process for informing people receiving services how all services provided by CCBHC and DCOs align with the Affordable Care Act (Section 2402(a)).

Patient materials include the following information:

- Care offered is person- and family-centered and recovery oriented.
- The CCBHC respects the needs, preferences and values of the person receiving services.
- The person receiving services is involved in and can direct their care.
- Services for children and youth are family-centered, youth-guided and developmentally appropriate.
- The CCBHC uses a shared decision-making model for patient engagement.
- The CCBHC provides care that is responsive to the needs of the person receiving services, including needs related to race, ethnicity, culture, sexual orientation and gender identity. For example:
  - People receiving services who are American Indian or Alaskan Native have access to traditional modalities or medicines that may be provided directly by the CCBHC or in arrangement with a tribal organization.

4.b.1, 4.b.2

SCS 09: Freedom of Provider Choice

People may choose their provider when receiving services through the CCBHC and DCO.

Evidence   • Documented process.

Guidance   If services are not available directly through the CCBHC, they are provided through a DCO. People receiving these services may choose providers in the CCBHC and the DCO (not including referral to specialty services that are not available through the CCBHC or DCO.) Services provided by DCOs meet the same quality standards as the CCBHC.

4.a.2, 4.a.4

SCS 10: Grievance Procedures

People receiving CCBHC or DCO services have access to the grievance process.

Evidence   • Documented process.

Guidance   The CCBHC has a process for ensuring that people receiving CCBHC or DCO services are informed of and have access to grievance procedures. Procedures meet the minimum requirements set by Medicaid and relevant accrediting entities or state authorities.

4.a.3

SCS 11: Patient Information Management

The CCBHC manages patient information.

Evidence   • Evidence of implementation.

Guidance   The CCBHC has a process for managing patient information, directly or through an agreement with a DCO, to ensure:
- The time frame for engagement is responsive to needs and preferences.
- The information is sufficient to assess need for CCBHC services.
- The information includes risk assessment for behavioral health conditions.
- The information includes referrals to appropriate providers for screening, assessment and diagnosis, if specialized services are outside the CCBHC's scope.

4.d.1, 4.d.2

SCS 12 Substance Use Disorder Intervention

The CCBHC conducts a brief intervention when appropriate.

Evidence   • Documented process.

Guidance   The CCBHC conducts a brief intervention if screening identifies unsafe substance use (including alcohol). The person receiving services is given a complete assessment and treatment within the level of care provided by the CCBHC, or is referred to a more appropriate level of care. The CCBHC takes appropriate action (as outlined in the time frame for triage and access to services) if the screening identifies immediate threats to the person's safety.

4.d.8

SCS 13: Outpatient Behavioral Healthcare Services

The CCBHC provides outpatient behavioral healthcare.

Evidence   • Documented process, *and/or*
  • Evidence of implementation?

Guidance   The CCBHC provides outpatient behavioral healthcare (mental health and substance use disorder treatment), including psychopharmacological treatment, directly or through a DCO. Services are evidence based and use best practices for treating mental health and substance use disorders across the lifespan, with tailored approaches for adults, children and families.

Substance use disorder services are provided in accordance with the American Society for Addiction Medicine (Levels 1 and 2.1), and include treatment for tobacco use disorders.

The CCBHC has the following provisions in place to meet the needs of people receiving services:

- The CCBHC ensures the availability of more intensive services for outpatient treatment (if outside the expertise of the CCBHC or DCO) through referral or formal arrangement with other providers, in person or via telemedicine, in alignment with state and federal laws and regulations.
- The CCBHC ensures that traditional practices and treatments are available for people receiving services in the area (as appropriate) through referral or formal arrangement.
- CCBHC staff consult with specialized service providers for highly specialized treatment needs if a provider is not available to directly provide care to the person receiving services.
- The CCBHC ensures that treatments are appropriate for the phase of life and development of the person receiving services. This includes special consideration for children, adolescents, transition-age youth and older adults. Treatments are provided by staff with training in treating the population served.
  – *For children and adolescents,* treatments are developmentally appropriate, evidence-based, youth guided and family/caregiver-driven.
  – *For older adults,* treatments are evidence-based and consider the desires and functioning of the person receiving services.

- *For individuals with developmental or cognitive disabilities,* treatments consider the level of functioning of the person receiving them.

  • The CCBHC ensures that supports for children and adolescents comprehensively address family/caregiver, school, medical, mental health, substance use, psychosocial and environmental issues.

Related information

The CCBHC is encouraged to engage people receiving services with motivational techniques and harm-reduction strategies that promote safety and/or reduce substance use, and to use measurement-based care, or other evidence-based strategies, to improve service outcomes.

Note: *Certifying states establish a required minimum set of evidence-based practices informed by the community needs assessment, and may determine specific treatments as a condition for certification.*

4.f.1, 4.f.2, 4.f.3

SCS 14: Primary Care Services

The CCBHC provides primary care services.

Evidence
- Documented process, ***and/or***
  • Evidence of implementation.
  – *Example:* Primary care note.

Guidance
The CCBHC monitors key health indicators and health risks, and coordinates care in a timely fashion.

1. The medical director has set a protocol that conforms to screening recommendations with scores of A and B from the United States Preventive Services Task Force* (USPSTF). At minimum, the CCBHC screens for the following conditions:
   • HIV and viral hepatitis.
   • Identified CCBHC-reportable quality measures, as required for certification.
   • Other key health indicators determined by the CCBHC medical director, based on environmental factors, social determinants of health and prevalent health conditions among people receiving services.

2. The medical director has set a protocol to ensure screening for common physical health conditions experienced by CCBHC populations across the lifespan, and at minimum,
   • Identifies people who have chronic disease and receive services.
   • Asks people receiving services about physical health symptoms.
   • Includes systems for collection and analysis of laboratory samples.

3. The CCBHC has the ability to collect biological samples directly, through a DCO or through a formal agreement.
   • Laboratory analyses may be done at the CCBHC or through an arrangement with a separate organization.

4. The CCBHC provides ongoing primary care monitoring of health conditions identified in 1., above, as clinically indicated for the individual. Monitoring includes:

- Ensuring that individuals have access to primary care services.
- Periodic laboratory testing, physical measurement of health status indicators and changes in the status of chronic health conditions.
- Coordinating care with primary and specialty health providers, including tracking attendance at needed physical health care appointments.
- Promoting a healthy lifestyle.

*https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations

4.g.1, 4.g.2, 4.g.3

SCS 15: Targeted Case Management

The CCBHC provides targeted case management.

Evidence
- Documented process.

Guidance
The CCBHC provides targeted case management directly or through a DCO to ensure intensive support is available when needed, beyond basic care coordination, for people receiving services. Targeted case management services support recovery and access to medical, social, legal, educational, housing, vocational and other supports or services.

The targeted case management program can support:

- People at high risk of suicide or overdose, especially during times of transition (e.g., from a residential treatment, hospital ED, psychiatric hospitalization).
- Access to targeted case management during critical periods (e.g., episodes of homelessness, transition to the community from incarceration).
- People with complex or serious mental health or substance use conditions.
- People who have a short-term need for support in a critical period, such as an acute episode or care transition.

Note: *Certifying states may specify and require additional CCBHC-targeted case management services to meet the needs of specific populations.*

4.h.1

SCS 16: Psychiatric Rehabilitation Services

The CCBHC provides psychiatric rehabilitation services.

Evidence
- Documented process.
  - Evidence of implementation.

Guidance
The CCBHC provides evidence-based psychiatric rehabilitation services for mental health and substance use disorders directly or through a DCO. The psychiatric rehabilitation program supports people receiving services through:

- Development of skills and functioning to facilitate community living.
- Positive social, emotional and educational development.
- Social inclusion and integration, community connectedness.
- Pursuit of goals in the community.
- Skills that address social determinants of health and navigating complexities, such as:
  - Finding housing or employment.
  - Completing paperwork.
  - Securing identification documents.
  - Developing social networks.
  - Negotiating with property owners or managers.
  - Paying bills.
  - Interacting with neighbors or coworkers.
- Participation in supported education and other educational services.
- Participation in medication education, self-management and psycho-education.
- Finding and maintaining safe and stable housing.

Services include supported employment programs that offer ongoing support for obtaining and maintaining employment.

Related information

The CCBHC may offer services facilitated or enhanced by peer providers, such as training on personal care skills, community integration services, cognitive remediation, substance use disorder mutual help groups, assistance with navigating health care systems, illness management and recovery support, financial management and dietary and wellness education.

Note: Certifying states may specify and require additional psychiatric rehabilitation services to meet the needs of specific populations.

4.i.1

SCS 17: Peer Support Services

The CCBHC provides peer and family/caregiver supports.

Evidence
- Evidence of implementation.

Guidance
The CCBHC provides peer and family/caregiver supports directly or through a DCO. Supports include peer specialist and recovery coaches and peer counseling. Peer support services may include:

- Peer-run wellness and recovery centers.
- Youth/young adult peer support.
- Recovery coaching and peer recovery services.
- Peer-run crisis respites.
- Warmlines.
- Peer-led crisis planning.
- Peer navigators that assist transitions between treatment programs and different levels of care.
- Mutual support and self-help groups.
- Peer support for older adults.
- Peer education and leadership development.

Family/caregiver services may include:
- Community resource education.
- Care/services Navigation support.
- Behavioral health and crisis support.
- Parent/caregiver training and education.
- Family-to-family caregiver support.

Note: *Certifying states may specify and require additional/certain peer and family services to meet the needs of specific populations.*

4.j.1

SCS 18: Care for Veterans

The CCBHC provides community-based behavioral healthcare to veterans.

Evidence
- Document process.
  - Evidence of implementation.
    - *Example:* Screenshots, training materials, handouts.

Guidance
The CCBHC provides intensive, community-based behavioral healthcare for certain members of the U.S. Armed Forces and veterans, directly or through a DCO, including Armed Forces members 50 miles or more (or 1 hour's drive time) from a Military Treatment Facility (MTF) and veterans living 40 miles or more (driving distance) from a VA medical facility, or as otherwise required by federal law.

The CCBHC ensures that care is consistent with minimum clinical mental health guidelines set by the Veterans Health Administration (VHA), as outlined in the Uniform Mental Health Services Handbook.

Inquiry and affirmation of member/veteran status

The CCBHC has a process for determining if people seeking services have ever served in the U.S. military. Persons affirming current military service are offered the following assistance:

- *Active duty service members (ADSM)* use their servicing MTF. The CCBHC contacts the MTF primary care manager (PCM) about referrals outside the MTF.

- *ADSMs and activated Reserve Component (Guard/Reserve) members* who reside more than 50 miles (or 1 hour's drive time) from a military hospital or military clinic enroll in TRICARE PRIME Remote and use the network PCM, or select another authorized TRICARE provider as the PCM. The PCM refers the member to specialists for care they cannot provide, and works with the regional managed care support contractor for referrals/authorizations.

- *Members of selected reserves, not on active duty orders* are eligible for TRICARE Reserve Select, and may schedule an appointment with any TRICARE authorized provider, network or non-network.

- *Veterans:* The CCBHC offers veterans help enrolling in the VHA for delivery of health and behavioral health services.

- *Veterans who decline or are ineligible for VHA services:* The CCBHC serves these individuals, consistent with minimum clinical mental health guidelines set forth by the VHA.

Note: *The following guidance may include excerpts from VHA Handbook 1160.01, Principles of Care, in the Uniform Mental Health Services in VA Centers and Clinics.*

Assignment and responsibilities of principal behavioral health provider

The CCBHC assigns a principal behavioral health provider to every veteran who receives behavioral health services.

If a veteran sees more than one behavioral health provider or is involved in more than one program, the CCBHC makes the provider's identity clear to the veteran, and identifies the provider in the health record and in a tracking database for veterans who need case management.

The principal behavioral health provider ensures the following requirements are met:

- The CCBHC maintains regular contact with the veteran as clinically indicated if ongoing care is required.

- A psychiatrist or other independent prescriber (as satisfies the current requirements of the VHA Uniform Mental Health Services Handbook) regularly reviews and reconciles each veteran's psychiatric medications.

- Coordination and development of the veteran's treatment plan incorporates input from the veteran (and, when appropriate, the veteran's family, with the veteran's consent, if the veteran possesses adequate decision making capacity, or with the veteran's surrogate decision maker's consent, if the veteran does not have adequate decision-making capacity).

- The CCBHC monitors and documents implementation of the treatment plan.
  - This includes tracking progress in care delivered, outcomes achieved and the goals attained.

- The treatment plan is revised when necessary.

- The principal therapist or behavioral health provider communicates with the veteran about the treatment plan (and the veteran's authorized surrogate, family or friends, when appropriate and if the veteran possesses adequate decision-making capacity to consent), and to address any problems or concerns about the veteran's care.
  - For veterans who are at high risk of losing decision-making capacity, such as those with a diagnosis of schizophrenia or schizoaffective disorder, communications must include discussions about future behavioral health care treatment. (Refer to information about Advance Care Planning Documents in the VHA Handbook 1004.2.)
- The treatment plan reflects the veteran's goals and preferences for care, and that the veteran verbally consents to the treatment plan, in accordance with VHA Handbook 1004.1, Informed Consent for Clinical Treatments and Procedures.
  - If the principal behavioral health provider suspects the veteran lacks the capacity to make a decision about the mental health treatment plan, the provider ensures that the veteran's decision-making capacity is formally assessed and documented.
  - For veterans who are determined to lack capacity, the provider identifies the authorized surrogate and documents the surrogate's verbal consent to the treatment plan.

Treatment plan

The CCBHC develops and maintains a behavioral health treatment plan for all veterans receiving behavioral health services, and ensures that the plan:

- Includes the veteran's diagnoses, and documents consideration of each type of evidence-based intervention for each diagnosis.
- Includes approaches to monitoring outcomes (therapeutic benefits, adverse effects) of care and milestones for reevaluation of interventions and of the plan.
- Considers interventions intended to reduce/manage symptoms, improve functioning and prevent relapse or recurrence of episodes of illness, as appropriate.
- Is recovery oriented, attentive to the veteran's values and preferences and evidence based regarding safe and effective treatments.
- Is developed with input from the veteran and, if the veteran consents, appropriate family members.
  - The veteran's verbal consent to the treatment plan is required, pursuant to VHA Handbook 1004.1.

The CCBHC ensures the following integration or coordination for veterans:

- Between care for substance use disorders and other mental health conditions, for veterans who experience both.
- Between care for behavioral health conditions and other components of health care, for all veterans.

Recovery-oriented behavioral health services

The CCBHC ensures that behavioral health services are recovery oriented and align with the National Consensus Statement on Mental Health Recovery (adopted by the VHA in the Uniform Mental Health Services Handbook) and SAMHSA's working definition and principles for recovery. The CCBHC ensures that care conforms to the following definition and principles to adhere to the statutory requirement.

Recovery is defined as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

10 Guiding Principles of Recovery	Additional Recovery Principles*
- Hope - Person-driven - Many pathways - Holistic - Peer support - Relational - Culture - Addresses trauma - Strengths/responsibility - Respect	- Privacy - Security - Honor *As implemented in VHA recovery.*

Cultural competence

The CCBHC ensures that behavioral healthcare services are provided with cultural competence, and requires:

- *Any staff member who is not a veteran* to have training about military and veteran culture, to be able to understand the unique experiences and contributions of those who have served their country.

- *All staff* to receive cultural competency training on issues of race, ethnicity, age, sexual orientation and gender identity.

4.k.1-4.k.7

Program Requirement 5: Quality and Other Reporting

QI 01: Data Reporting, Collection and Tracking

The CCBHC collects, reports and tracks data.

Evidence
- Report, ***and/or***
  - Workbook (provided by SAMHSA).

Guidance
The CCBHC has a process for collecting, reporting and tracking quality and outcome data (electronically, if feasible) that includes, but is not limited to, the following categories:
- Characteristics of people receiving services.
- Staffing.
- Access to services.
- Use of services;
- Screening, prevention and treatment.
- Care coordination.
- Other processes of care.
- Costs.
- Outcomes of people receiving services.

Note: These elements are captured in the SAMHSA data reporting template.

The CCBHC has a process or plan for collecting and annually reporting (required and optional) quality measures for all people receiving services.

The CCBHC collects and reports Clinic-Collected Quality Measures for all people receiving services.

Note: Section 223 Demonstration CCBHCs and CCBHC-Es awarded SAMHSA discretionary CCBHC-Expansion grants collect and report clinic-collected quality measures.

- For Section 223 Demonstration or other state-certified CCBHCs, the state determines if measures designated as optional must be reported.
- For later cohorts of CCBHC-Es, only clinic-collected required measures are mandated for reporting.

The CCBHC reports quality measures 9 months after the end of the measurement year, as that term is defined.

- Section 223 Demonstration CCBHCs:
  - Report quality data to their states.
  - Participate in discussions with the national evaluation team and other evaluation-related data collection activities, if requested.
  - Have a plan or process for collecting and reporting measures regarding services provided by DCOs.
    - This includes arranging access to data with DCOs and obtaining consent and/or release of information for people receiving services.
- CCBHC-Es report quality data directly to SAMHSA.
  - CCBHCs that are not part of the Section 223 Demonstration are not required to include data from DCOs in the quality measure data they report

unless they participate in a state CCBHC program separate from the Section 223 Demonstration that requires it (e.g., a program to support the CCBHC model through the state Medicaid plan).

— Section 223 demonstration CCBHCs have a plan or process for providing the necessary services data to the state for reporting to CMS, HHS or an evaluator:

- Data the CCBHC is responsible for providing to the state:
  — Unique identifier for each person receiving services, unique clinic identifier, date of service, CCBHC-covered service provided, units of service provided and diagnosis, clinic site identifiers.
- Annual cost report with supporting data within 6 months after the end of each demonstration year.
- How the CCBHC will participate in evaluation-related data collection and discussions with the national evaluation team.

5.a.1, 5.a.2, 5.a.3, 5.a.4

QI 02: Continuous Quality Improvement Plan

The CCBHC maintains a continuous quality improvement plan.

Evidence
- Report, *and/or*
  - Workbook, *or*
  - Evidence of implementation.
- *Example:* QI plan.

Guidance   The CCBHC develops, implements and maintains a CCBHC-wide continuous quality improvement (CQI) plan for services provided that addresses the following components:

- How the CCBHC reviews the following significant events:
  — Death by suicide or suicide attempts of people receiving services.
  — Fatal and non-fatal overdose.
  — All-cause mortality among people receiving CCBHC services.
  — 40-day hospital readmission for psychiatric or substance use.
  — Any other event the state or applicable accreditation entity deems appropriate for examination and remediation.
- The CCBHC's process for reviewing outcomes:
  — How the CCBHC addresses outcome data from clinic- and state-collected quality measures.
  — How the CCBHC implements changes to staffing, services and availability to improve quality and timeliness of services.
- Indicators for improved behavioral and physical health outcomes and performance in care delivery, staffing, services and availability of services.
  — The plan also focuses on improved patterns of care delivery, such as reductions in ED use, rehospitalization and repeated crisis episodes.
- Populations experiencing health disparities (including racial and ethnic groups and sexual and gender minorities), and how the CCBHC uses disaggregated data from quality measures and other data (as available) to track and improve outcomes for populations facing health disparities.
- The use of quantitative and qualitative data in CQI activities.

- Involvement of the medical director in oversight of areas that apply to quality of medical care, including coordination and integration of primary care.

5.b.1, 5.b.2, 5.b.3

Program Requirement 6: Organizational Authority, Governance and Accreditation

OGA 01: Organizational Authority

The CCBHC conforms to federal, state and local requirements.

Evidence
- Materials.
  - *Example:* Questionnaire.
    - Evidence of implementation.
  - *Example:* Certificate, contract.
    - Front matter.

Guidance
The CCBHC maintains documentation that it conforms to at least one of the following:

- Is a non-profit organization with exempt 501c3 status.
- Is part of a local government behavioral health authority.
  - Locality, county, region or state maintains authority to oversee behavioral health services at the local level and uses the CCBHC to provide services.
- Operates under the authority of the Indian Health Service, an Indian tribe or tribal organization through a contract, grant, cooperative agreement or compact with the Indian Health Service, in accordance with the Indian Self-Determination Act.
- Is an urban Indian organization, pursuant to a grant or contract with the Indian Health Service under Title V of the Indian Health Improvement Act.

6.a.1

OGA 02: Arrangements With Indian Health Service

The CCBHC has an arrangement with local Indian Health Service entities.

Evidence
- Attestation in Q-PASS, or
  - Evidence of implementation.
  - *Example:* Contract, MOA, MOU, agreement describing mutual expectations/ responsibilities.

Guidance
The CCBHC has an arrangement with local entities of the Indian Health Service, an Indian tribe or a tribal or urban Indian organization (in its geographic service area) to inform provision of services and assist with providing services to tribal members.

If the CCBHC and entity provide services jointly, both entities collaboratively satisfy SAMHSA requirements.

6.a.2

OGA 03: Annual Financial Audit

The CCBHC has an annual financial audit.

Evidence
- Attestation in Q-PASS
- Corrective action plan (if necessary), *or*
- front matter

Guidance   Throughout its designation as a CCBHC, the CCBHC has an annual independent financial audit performed that meets the federal audit requirements. The CCBHC submits a corrective action plan to address questioned costs, reportable conditions and material weakness cited in the audit report.

6.a.3

OGA 04: Governance

CCBHC governance is representative of the communities it serves.

Evidence
- Documented process.
  - Evidence of implementation.
    – *Example:* Meeting minutes, rosters.

Guidance   CCBHC governance is representative of the individuals and communities served. This includes demographic factors such as geographic area, race, ethnicity, sex, gender identity, disability, age and sexual orientation, and factors such as health and behavioral health needs.

The CCBHC recognizes that people with lived experience and their families provide the perspectives of people receiving services, and therefore engages people with lived experience of mental and/or substance use disorders and their families (including youth), and incorporates their meaningful participation in leadership and decision making for:

- Developing CCBHC initiatives.
- Identifying community needs, goals and objectives.
- Providing input on service development and CQI processes.
- Developing budgets and fiscal decision making.

Individual and community participation

Option 1: The CCBHC ensures that at least 51% of the governing board is people with lived experience of mental and/or substance use disorders and their families. The CCBHC describes how it meets this requirement or provides a transition plan and timeline for implementation.

Option 2: The CCBHC has a governing or advisory board of members who represent the communities in the CCBHC's service area, and were selected for their expertise in health services, community affairs, local government, finance and accounting, legal affairs, trade unions, faith communities, commercial or industrial concerns or social service agencies.

The CCBHC establishes an alternative board structure to involve people with lived experience in governance. This may be an advisory board that reports to the governing board. The advisory board receives the same staff support as the governing board.

The CCBHC ensures that members of the alternative structure have input into:

- Identifying community needs and CCBHC goals and objectives.
- Service development, quality improvement and CCBHC activities.
- Fiscal and budgetary decisions.
- Governance, including, but not limited to, human resource planning and leadership recruitment and selection.

The governing board's protocol for incorporating input from people with lived experience and their families includes provisions for:

- Sharing board meeting summaries with the established advisory structure.
- Making recommendations from the advisory structure part of the board's formal record.
- Regularly inviting member(s) of the advisory structure to board meetings, with opportunity to address the board directly, and recording presented recommendations or comments in meeting minutes.
- Posting an annual summary of recommendations from the advisory structure on the CCBHC website.

Note: *No more than 50% of board members may derive more than 10% of their annual income from the health care industry.*

If the CCBHC chooses this option:

- *For CCBHCs not certified by the state,* the federal grant funding agency determines if the approach is acceptable or provides an acceptable approach.
  - The CCBHC provides information on the outcomes of its efforts and resulting changes.
- *For CCBHCs certified by the state,* the state determines if the approach is acceptable, or provides an acceptable approach.
  - The CCBHC provides information on the outcomes of its efforts and resulting changes.

If the CCBHC cannot meet these requirements because it is a governmental, tribal or corporate organization or subsidiary, it provides an explanation and describes other methods it has developed (e.g., an advisory structure) for meaningful participation of people with lived experience and their families.

6.b.1, 6.b.2, 6.b.3, 6 b.4

OGA 05: Accreditation

The CCBHC is a licensed provider of behavioral health services.

Evidence
- Evidence of implementation, *or*
  - Front matter.

Guidance   The CCBHC adheres to the following requirements and can submit documentation that it:

- Is enrolled as a Medicaid provider.
- Is a licensed, certified or accredited provider of mental health and substance use disorder services, which includes developmentally appropriate services to children, youth and their families.
  - *Exception:* A state or federal framework prevents the provider type from obtaining licensure, certification or accreditation to provide these services.
- Adheres to applicable state accreditation, certification and/or licensing requirements.
- Participates in the SAMHSA Behavioral Health Treatment Locator.

6.c.1

OGA 06: Expansion Grant Program

The CCBHC is certified by the state or participates in the SAMHSA Expansion grant program.

Evidence
- Front matter.

Guidance   The CCBHC is certified by the state or has submitted attestation to SAMHSA to participate in the SAMHSA CCBHC Expansion grant program.

- *State-certified CCBHCS:*
  - Length of certification is determined by the state, but no longer than 3 years before recertification.
  - May be decertified by the state due to failure to meet requirements, changes in the state CCBHC program or other reasons determined by the state.
  - May be certified through an independent accrediting body (e.g., NCQA) that meets state standards for the certification process and assures adherence to CCBHC Certification Criteria.
- *SAMHSA Expansion Program CCBHCs:*
  - Are designated to provide CCBHC services for as long as they are authorized to receive federal funding to do so.
  - Are encouraged to seek state certification if they are in a state that certifies CCBHCs.

6.c.2

OGA 07: Independent Accrediting Body

CCBHCs are encouraged to seek accreditation.

Evidence   • Front matter.

Guidance   CCBHCs are encouraged to seek CCBHC accreditation by an independent accrediting body (e.g., NCQA). States are encouraged to require accreditation for CCBHCs.

6.a.3

End of Draft for Review