

Becoming a CCBHC: Where Do You Stand?

Presenter:

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What is a CCBHC?

- On March 31, 2014, Congress passed the Protecting Access to Medicare Act (H.R. 4302), which included a demonstration program based on the Excellence in Mental Health Act. Once again, behavioral health clinics will have a federal definition with defined quality standards and reimbursement that reflects the actual cost of care.



What is a CCBHC?

- **Creates criteria for “Certified Community Behavioral Health Clinics” (CCBHCs)** as entities designed to serve individuals with serious mental illnesses and substance use disorders that provide intensive, person-centered, multidisciplinary, evidence-based screening, assessment, diagnostics, treatment, prevention, and wellness services. The Secretary of the Department of Health and Human Services is directed to establish a process for selecting eight states to participate in a 2-year pilot program.
- **Provides \$25,000,000 that will be available to states as planning grants** to identify how CCBHCs fit into system redesign efforts and to develop applications to participate as a demonstration state. Only states that have received a planning grant will be eligible to apply to participate in the pilot.
- **Requires participating states to develop a Prospective Payment System (PPS)** for reimbursing Certified Behavioral Health Clinics for required services provided by these entities. Participating states will receive an enhanced Medicaid match rate for all of the required services provided by the Certified Community Behavioral Health Clinics. 3



Important CCBHC Dates

Funding Opportunity Title:	Planning Grants for Certified Community Behavioral Health Clinics
Funding Opportunity Number:	SM-16-001
Due Date for Applications:	<i>August 5, 2015</i>
Anticipated Total Available Funding:	Up to \$24,635,000
Estimated Number of Awards:	Up to 25
Estimated Award Amount:	Up to \$2,000,000
Cost Sharing/Match Required	No
Length of Project Period:	1 year
Eligible Applicants:	Eligible applicants are State Mental Health Authorities (SMHAs), or Single State Agencies (SSAs), or State Medicaid Agencies (SMAs) including the District of Columbia.
State proposal verifying compliance with the CCBHC Certification Criteria Due	No later than <i>October 31, 2016</i>



CCBHC Certification Program Requirements

Program Requirement 1: Staffing (“Staffing requirements, including criteria that staff have diverse disciplinary backgrounds, have necessary State required license and accreditation, and are culturally and linguistically trained to serve the needs of the clinic’s patient population.”)

Program Requirement 2: Availability and Accessibility of Services (“Availability and accessibility of services, including: crisis management services that are available and accessible 24 hours a day, the use of a sliding scale for payment, and no rejection for services or limiting of services on the basis of a patient’s ability to pay or a place of residence.”)

Program Requirement 3: Care Coordination (“Care coordination, including requirements to coordinate care across settings and providers to ensure seamless transitions for patients across the full spectrum of health services, including acute, chronic, and behavioral health needs. Care coordination requirements shall include partnerships or formal contracts with the following:

- (i) Federally-qualified health clinics (and as applicable, rural health clinics) to provide Federally-qualified health clinic services (and as applicable, rural health clinic services) to the extent such services are not provided directly through the certified community behavioral health clinic.
- (ii) Inpatient psychiatric facilities and substance use detoxification, post-detoxification step-down services, and residential programs.
- (iii) Other community or regional services, supports, and providers, including schools, child welfare agencies, and juvenile and criminal justice agencies and facilities, Indian Health Service youth regional treatment clinics, State licensed and nationally accredited child placing agencies for therapeutic foster care service, and other social and human services.
- (iv) Department of Veterans Affairs medical clinics, independent outpatient clinics, drop-in clinics, and other facilities of the Department as defined in section 1801 of title 38, United States Code.
- (v) Inpatient acute care hospitals and hospital outpatient clinics.”)



CCBHC Certification Program Requirements

Program Requirement 4: Scope of Services (*“Provision (in a manner reflecting person-centered care) of the following services which, if not available directly through the certified community behavioral health clinic, are provided or referred through formal relationships with other providers:*

- (i) Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.*
- (ii) Screening, assessment, and diagnosis, including risk assessment.*
- (iii) Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.*
- (iv) Outpatient mental health and substance use services.*
- (v) Outpatient clinic primary care screening and monitoring of key health indicators and health risk.*
- (vi) Targeted case management.*
- (vii) Psychiatric rehabilitation services.*
- (viii) Peer support and counselor services and family supports.*
- (ix) Intensive, community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas, provided the care is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration, including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration.”)*

Program Requirement 5: Quality and Other Reporting (*“Reporting of encounter data, clinical outcomes data, quality data, and such other data as the Secretary requires.”)*

Program Requirement 6: Organizational Authority, Governance and Accreditation (*“Criteria that a clinic be a nonprofit or part of a local government behavioral health authority or 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.], or 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].”)*



Important CCBHC Definitions that Need to Be Considered in Certification Preparation

- **Designated Collaborating Organization (DCO):** *A DCO is an entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC and delivers services under the same requirements as the CCBHC. Payment for DCO services is included within the scope of the CCBHC PPS, and DCO encounters will be treated as CCBHC encounters for purposes of the PPS. The CCBHC maintains clinical responsibility for the services provided for CCBHC consumers by the DCO. To the extent that services are required that cannot be provided by either the CCBHC directly or by a DCO, referrals may be made to other providers or entities. **The CCBHC retains responsibility for care coordination including services to which it refers consumers.** Payment for those referred services is not through the PPS but is made through traditional mechanisms within Medicaid.*



Important CCBHC Definitions that Need to Be Considered in Certification Preparation

- **Care coordination:** The Agency for Healthcare Research and Quality (2014) defines care coordination as “deliberately organizing consumer care activities and sharing information among all of the participants concerned with a consumer’s care to achieve safer and more effective care. This means the patient’s needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient.” As used here, the term applies to **activities by CCBHCs that have the purpose of coordinating and managing the care and services furnished to each consumer as required by PAMA (including both behavioral and physical health care)**, regardless of whether the care and services are provided directly by the CCBHC or through referral or other affiliation with care providers and facilities outside the CCBHC. Care coordination is regarded as an activity rather than a service.



Important CCBHC Definitions that Need to Be Considered in Certification Preparation

- **Case management:** Case management may be defined in many ways and can encompass services ranging from basic to intensive. The National Association of State Mental Health Program Directors (NASMHPD) defines case management as “a range of services provided to assist and support individuals in developing their skills to gain access to needed medical, behavioral health, housing, employment, social, educational and other services essential to meeting basic human services; linkages and training for patient served in the use of basic community resources; and monitoring of overall service delivery” (NASMHPD [2014]). See also the definition of “targeted case management.”
- **Targeted case management:** Targeted case management is case management, as defined above, directed at specific groups, which may vary by state. CMS defines targeted case management as case management furnished without regard to requirements of statewide provision of service or comparability that typically apply for Medicaid reimbursement. 42 CFR § 440.169(b). Examples of groups that might be targeted for case management are children with serious emotional disturbance, adults with serious mental and/or substance use disorders, pregnant women who meet risk criteria, individuals with HIV, and such other groups as a state might identify as in need of targeted case management. See also the definition of “case management.”

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Important CCBHC Definitions that Need to Be Considered in Certification Preparation

- **Formal relationships:** As used in the context of scope of services and the relationships between the CCBHC and DCOs, a formal relationship is evidenced by a contract, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), or such other formal arrangements describing the parties' mutual expectations and establishing accountability for services to be provided and funding to be sought and utilized. This formal relationship does not extend to referrals for services outside either the CCBHC or DCO, which are not encompassed within the reimbursement provided by the PPS.
- **Trauma-informed:** A trauma-informed approach to care “realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved in the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.” The six key principles of a trauma-informed approach include: **safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical and gender issues** (Substance Abuse and Mental Health Services Administration [2014]).



How Do I Prepare My Clinic?

- MTM Services and the National Council have developed a **CCBHC Certification Criteria Readiness Tool (CCRT)**
- To provide the **management team at each clinic the ability to review the CCBHC certification criteria for all six Program Requirements and assess the level of readiness to meet each criterion**
- The CCRT provides a **level of concern rating that will support awareness of the level of change management that may be needed to support enhanced service delivery processes, staffing, scope of services, quality outcomes, reporting and governance areas.**



CCRT Components

1. Identifies each specific certification standard within each of the six CCBHC Program Requirements and provides an opportunity to self-assess the clinic's ability to be certified through identifying a level of concern
2. The self assessment scoring model for each question and section of the CCRT is based on a five point scale as outlined below:

5	4	3	2	1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge



Sample CCRT Section

Program Requirement 3: Care Coordination				
1.	(3.a.1): Based on a person and family-centered plan of care aligned with the requirements of Section 2402(a) of the ACA and aligned with state regulations and consistent with best practices, the CCBHC coordinates care across the spectrum of health services, including access to high-quality physical health (both acute and chronic) and behavioral health care, as well as social services, housing, educational systems, and employment opportunities as necessary to facilitate wellness and recovery of the whole person. Note: See criteria 4.K relating to care coordination requirements for veterans.	Yes	No	
	5	4	3	2
	Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern
				1
				Serious Challenge
2.	(3.a.2): The CCBHC maintains the necessary documentation to satisfy the requirements of HIPAA (Pub. L. No. 104-191, 110 Stat. 1936 (1996)), 42 CFR Part 2, and other federal and state privacy laws, including patient privacy requirements specific to the care of minors. The HIPAA Privacy Rule allows routine – and often critical – communications between health care providers and a consumer's family and friends. Health care providers may always listen to a consumer's family and friends. If a consumer consents and has the capacity to make health care decisions, health care providers may communicate protected health care information to a consumer's family and friends. Given this, the CCBHC ensures consumers' preferences, and those of families of children and youth and families of adults, for shared information are adequately documented in clinical records, consistent with the philosophy of person and family-centered care. Necessary consent for release of information is obtained from CCBHC consumers for all care coordination relationships. If CCBHCs are unable, after reasonable attempts, to obtain consent for any care coordination activity specified in program requirement 3, such attempts must be documented and revisited periodically.	Yes	No	
	1	2	3	4
	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern
				5
				Not A Challenge
3.	(3.a.3): Consistent with requirements of privacy, confidentiality, and consumer preference and need, the CCBHC assists consumers and families of children and youth, referred to external providers or resources, in obtaining an appointment and confirms the appointment was kept.	Yes	No	
	5	4	3	2
	Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern
				1
				Serious Challenge
4.	(3.a.4): Care coordination activities are carried out in keeping with the consumer's preferences and needs for care and, to the extent possible and in accordance with the consumer's expressed preferences, with the consumer's family/caregiver and other supports identified by the consumer. So as to ascertain in advance the consumer's preferences in the event of psychiatric or substance use crisis, CCBHCs develop a crisis plan with each consumer. Examples of crisis plans may include a Psychiatric Advanced Directive or Wellness Recovery Action Plan.	Yes	No	
	1	2	3	4
	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern
				5
				Not A Challenge
5.	(3.a.5): Appropriate care coordination requires the CCBHC to make and document reasonable attempts to determine any medications prescribed by other providers for CCBHC consumers and, upon appropriate consent to release of information, to provide such information to other providers not affiliated with the CCBHC to the extent necessary for safe and quality care.	Yes	No	
	5	4	3	2
	Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern
				1
				Serious Challenge



CCRT Level of Concern Factors

1. It is important for **your team to move away from anecdotal responses to the certification criteria questions such as “We should be able to meet the criteria....”** to understand the reality of the actual capacity of the clinic and/or individual locations/programs to actually meet the criteria.
2. If there are **significant variances in response levels or service process data among the management team members, it is important to identify if a CCRT needs to be completed for specific programs (i.e., children/adolescent vs. adult, etc.) or locations in order to fully identify process variances within the clinic.** If it is determined best to use multiple CCRT forms to assess programs/locations within the clinic, please add together and average the question and section scores to generate an overall score for the clinic.



CCRT Level of Concern Factors

1. If a particular certification criterion focuses on the state's ability to perform, please rate your level of concern about your CCBHC providing the state necessary information to support the state performance requirement.
2. If your team is not able to identify the specific response requested to any primary question, the score should be documented as a "1".
3. Most assessment questions contain a "Yes" or "No" identifier prior to the concern rating. The focus for this question is for your team to confirm if the identified criterion is current practice within your clinic - YES or NO. If your team responds "NO", the specific criterion concern response should be a 1 – 4 based on the level of concern you have about developing the capacity to be compliant with the criterion. Also, if your team identifies a "Yes" and does not feel that a "5" fully identifies the appropriate response, please identify the level of concern that your teams has about being fully compliant.
4. If your team identifies a level of practice variance within various programs or locations, the score should be a "2" or "3" based on the level of variance identified and the amount of effort it will take to reduce the variance to a standardized clinic wide practice.



CCRT Components

1. At end of each section of the CCRT, there is a “Total Cumulative Score” indicator that will allow your team to total all individual certification readiness scores in that section.
2. The sub-total section and overall concern level score can support more objective identification of change management needs for the clinic to meet all criteria.
3. At the end of the CCRT, there is a scoring sheet that provides for transferring the section cumulative scores to an overall score summary with recommendations for next steps.



CCRT Cumulative Score Section

Program Requirements 1 - 6	Total Cumulative Score:
<p>SUMMARY:</p> <ol style="list-style-type: none">1. Total number of questions in Program Requirements portion of the CCRT is 1152. Total Maximum Score at “5” level rating each is 5753. Total Minimum Score at “1” level rating each is 1154. Total Average Score at an average “3” level rating is 3455. A cumulative clinic-wide score of <u>less than 288</u> will require significant change management process support to effect transformational changes needed.	



CCRT Change Management Assessment Section

Change Management and Decision Making				
1. Does the clinic have a defined decision-making process/protocol that supports awareness of when a decision has been made?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If NO, what is the primary indicator that a decision has been made within the clinic (i.e. consensus is reached)?	
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
2. Does the clinic use a formalized annual planning process to identify annual and long term goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, what percent of the goals/objectives incorporated into the FY2009 have been accomplished (meaning fully implemented)? %	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
3. Has the clinic used rapid cycle change management processes (Plan, Do, Study, Act)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, what percent of the goals/objectives incorporated into last rapid cycle change plan have been fully implemented? %	
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
4. The clinic develops a change management plan quickly and moves forward with timely decision-making about the solutions needed.	<input type="checkbox"/> True <input type="checkbox"/> False		If FALSE, what is a more accurate statement:	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
5. When a decision is made to change, the clinic acts quickly to fully implement the change.	<input type="checkbox"/> True <input type="checkbox"/> False		If FALSE, what is a more accurate statement:	
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
6. When change is implemented, staff members in the clinic rarely retreat to the way things were done prior to the change.	<input type="checkbox"/> True <input type="checkbox"/> False		If FALSE, what is a more accurate statement:	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
7. The clinic does a great job evaluating changes implemented and modifying the changes as needed to ensure positive outcomes.	<input type="checkbox"/> True <input type="checkbox"/> False		If FALSE, what is a more accurate statement:	
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
8. Staff members participating in the change process feel fully empowered through a sense of attainment based on the scope and timeliness of the decisions being made.	<input type="checkbox"/> True <input type="checkbox"/> False		If FALSE, what is a more accurate statement:	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
9. Rate (from 1 to 10) the ease with which the clinic implements change in areas of clinical practice			Easy (1).....Difficult (10)	
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not A Challenge	Small Concern	Moderate Concern	Quite a bit of Concern	Serious Challenge
10. Rate (from 1 to 10) how quickly the clinic implements changes in clinical practices/standards ?			Rapid (1) Failure (10)	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
Note: Total Score for this section ranges from 10 to 50		Section Total Cumulative Score:		



CCRT Cumulative Change Management Score Section

Change Management/ Decision-Making	Total Cumulative Score:
<p>SUMMARY:</p> <ol style="list-style-type: none">1. Total number of questions in practice management portion of the CCRT is 102. Total Maximum Score at “5” level rating each is 503. Total Minimum Score at “1” level rating each is 104. Total Average Score at an average “3” level rating is 305. A cumulative clinic-wide score of <u>less than 25</u> will require significant change management leadership support to implement and sustain transformational changes needed.	



CCRT Score and Change Management Priority Rating Sheet

CCRT Score and Change Management Priority Rating Sheet

Instructions:

□ **Average CCRT Section Score:** Below is a list of all Program Requirements 1- 6 and Practice Management Sections A - D of the CCRT which includes a formula under each section to create and enter an average score per section in Column “B”.

A.Importance Rating Determination: Enter a score of 1, 3 or 5 in Column “C” to identify the importance rating the management team gives to the each Provider Requirement and Practice Management section that the readiness score indicates that a change is required based on the following rating values:

1 = High Importance: This item is very important to our clinic and potential healthcare partners and is a top priority

3 = Moderate Importance: This item is important but would never be a top priority for our clinic and potential healthcare partners

5 = Low Importance: This item is of little importance to our clinic or potential healthcare partners

□ **Change Need Score Column “D”:** To render the total change need score, multiply the average CCRT Section score in column “B” by the change importance rating in column “C”. **The three Program Requirements in the CCRT with the lowest change need score(s) and ties in lowest score in column “D” need to be the focus of change goals in a Rapid Cycle Change Plan for your clinic. Additionally, if the Change Management and Decision-Making score is less than 30, it is recommended that all supervisors, managers and senior leaders complete leadership skills training to support transformational change.**

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CCRT Score and Change Management Priority Rating Sheet

Column A Program Requirements	Column B <u>Average</u> Section Score	Column C Importance Rating	Column D Change Need Score (B Times C)
Program Requirement 1: Staffing Total Program Requirement 1 Score = _____ divided by 15 = Average Score enter in column "B" to the right			
Program Requirement 2: Availability and Accessibility of Services Total Program Requirement 2 Score = _____ divided by 23 = Average Score enter in column "B" to the right			
Program Requirement 3: Care Coordination Total Program Requirement 3 Score = _____ divided by 19 = Average Score enter in column "B" to the right			
Program Requirement 4: Scope of Services Program Total Program Requirement 4 Score = _____ divided by 40 = Average Score enter in column "B" to the right			
Requirement 5: Quality and Other Reporting Total Program Requirement 5 Score = _____ divided by 7 = Average Score enter in column "B" to the right			
Program Requirement 6: Organizational Authority, Governance and Accreditation Total Program Requirement 6 Score = _____ divided by 11 = Average Score enter in column "B" to the right			



Change Management Priority Sheet



Change Management and Decision-Making:	Column B <u>Average Section Score</u>	Column C Importance Rating	Column D Change Need Score (B Times C)
<p>Change management capacity including the use of Rapid Cycle Change models Total Section Score = divided by 10 = Average Score enter in column "B" to the right NOTE: If the Change Management and Decision-Making score is less than 30, it is recommended that all supervisors, managers and senior leaders complete leadership skills training to more effectively support transformational change.</p>			

NOTE: After completion of the CCRT, MTM Services through the National Council can provide:

- A written summary of findings and recommendations for individual clinic organizational change consultation support to effectively address areas of concern identified in the CCRT; and/or
- Leadership Skills to support transformational change needs



CCRT Value to State Level Planning Grant Efforts

1. The **State Department/Division of Behavioral Health and/or State Medicaid Office** can use the MTM Services provided CCRT Statewide Aggregate Scoring Sheet and the written summary of findings and recommendations as a third party review to confirm the number of clinics in the state that are compliant or close to compliant with all six CCBHC Program Certification Requirements
2. This level of awareness will support state level determination of how many clinics should be included as a “CCBHC Cohort” of clinics to move forward into the one year CCBHC Planning Grant phase from October 2015 through August 2016
3. In September and October 2016, the state can determine the final number of clinics that are “verifiable” as CCBHC compliant to move into the two year CCBHC Pilot phase through identification in the final State Proposal and Design Plan due on October 31, 2016



Sample CCRT Aggregated Scoring



CCRT Aggregated Scoring Sheet

Version: 7-8-15



Color Key: **Red (1)** = High Concern/RCCP Focus **Yellow (3)** = Consider Change Needs **Green (5)** = No Change Recommended

CCBHC Planning Grant Team:		Clinic One	Clinic Two	Clinic Three	Clinic Four	Clinic Five	Clinic Six	Clinic Seven	Clinic Eight
Average Rating:		2.1	2.0	1.9	2.0	1.8	2.4	1.8	2.0
Average	Payer Mix	1	1	1	1	1	1	1	1
2.1	Program Requirement 1: Staffing	2.6	2.5	1.7	1.9	2.1	3.4	3.1	3.3
	1. (1.a.1): As part of the process leading to certification, the state will prepare an assessment of the needs of the target consumer population and a staffing plan for prospective CCBHCs. The needs assessment will include cultural, linguistic and treatment needs. The needs assessment is performed prior to certification of the CCBHCs in order to inform staffing and services. After certification, the CCBHC will update the needs assessment and the staffing plan, including both consumer and family/caregiver input. The needs assessment and staffing plan will be updated regularly, but no less frequently than every three years.	1	1	5	1	5	1	1	1
	2. (1.a.2): The staff (both clinical and non-clinical) is appropriate for serving the consumer population in terms of size and composition and providing the types of services the CCBHC is required to and proposes to offer. Note: See criteria 4.K relating to required staffing of services for veterans.	2	1	1	1	1	5	2	2
	3. (1.a.3): The Chief Executive Officer (CEO) of the CCBHC maintains a fully staffed management team as appropriate for the size and needs of the clinic as determined by the current needs assessment and staffing	5	2	1	3	1	5	5	5
	4. (1.a.4): The CCBHC maintains liability/malpractice insurance adequate for the staffing and scope of services provided.	5	5	1	2	1	5	5	5
	5. (1.b.1): All CCBHC providers who furnish services directly, and any Designated Collaborating Organization (DCO) providers that furnish services under arrangement with the CCBHC, are legally authorized in accordance with federal, state and local laws, and act only within the scope of their respective state licenses, certifications, or registrations and in accordance with all applicable laws and regulations, including any applicable state Medicaid billing regulations or policies. Pursuant to the requirements of the statute (PAMA § 223 (a)(2)(A)), CCBHC providers have and maintain all necessary state-required licenses, certifications, or other credentialing, with providers working toward licensure, and appropriate supervision in accordance with applicable state law.	5	5	1	2	1	5	5	5



Statewide CCBHC Project Management and Consultation Support

Two Phases of Consultation	Timeframe
<i>Phase One:</i>	
1. Application Grant Writing Support	June - July 2015
1. CCBHC Certification Criteria Readiness Assessment and Aggregation of Results	August – October 2015
1. State Level Organizational Support	August – September 2015
<i>Phase Two:</i>	
1. Planning Grant Support	October 2015 – August 2016
1. State Proposal Development Support	September – October 2016
1. Process/Progress Evaluation and Action Planning Support	November 2016



CCRT Supported Statewide Assistance

- MTM can collect all **CCRTs** from each clinic and aggregate the statewide results which will be critically important to establish a final scope of work for each of six Program Requirement Teams.
- Provide an aggregate **written summary of findings and recommendations** for a statewide group of clinics that will help direct adequate consultation and technical assistance for specific clinics and for specific certification program requirements.
- Based on the findings from the statewide CCRT aggregated results, MTM will support **creating Learning Communities of clinics that will focus on developing the needed capacity to meet specific CCBHC certification criteria that the CCRT has identified is needed**. If a clinic is currently compliant with any of the six Program Requirements, they can be used as mentors for the Learning Communities that constitute clinics that need to move to compliance.
- It is recommended that a **specific Program Requirement Learning Community** be established for up to six certification Program Requirements which will accommodate all clinics that need to participate. All Learning Communities will meet via GoToWebinar Internet based meetings to support MTM Team members joining the meetings to provide technical assistance and project management support.



CCBHC Learning Community Goals

Each CCBHC Program Requirement Learning Community is designed to provide member clinics with the opportunity and means to achieve the following goals:

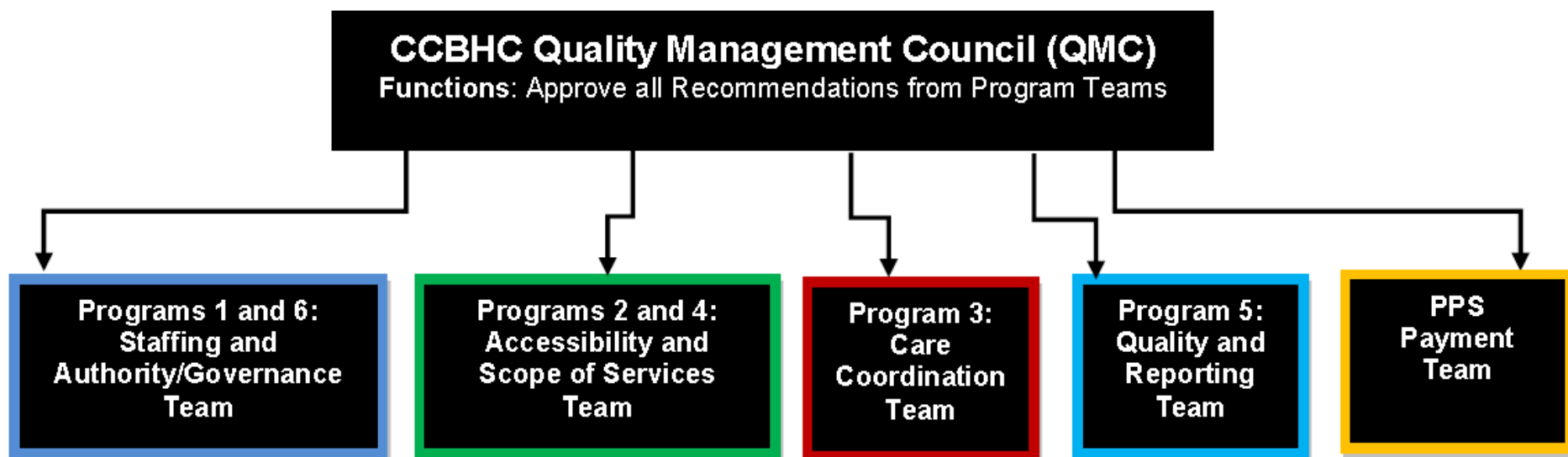
1. Provide basic information about the specific certification requirements within each respective Program Requirement
2. Provide an opportunity for each community member to assess its readiness to comply with the required certification criteria
3. Provide technical assistance/support to community members to facilitate their addressing service delivery change needs to move to compliance within the one year planning grant period.
4. Develop a Rapid Cycle Change Plan for each member of the community that will address specific change goals and objectives and a specific timeline to accomplish the changes needed.
5. Support a continuous quality improvement based learning experience for each member
6. Provide an opportunity for community members to share their attainment outcomes with other participating clinics



CCBHC State Level Organizational Phase

Empowered Project Team State Level Organizational Model

Project Team Roles and Responsibilities Operational Structure



Important Links for Additional Information

1. Download the CCRT at this URL :

<http://www.thenationalcouncil.org/topics/excellence-in-mental-health-act/>

2. Additional information on statewide project management or CCRT Aggregation of Findings to Support CCBHC Program Requirement Learning Communities contact:

- Marian Bradley at MTM Services at marian.bradley@mtmservices.org
- Nina Marshall at the National Council at ninam@thenationalcouncil.org



Questions and Feedback

- Questions?
- Feedback?
- Next Steps?

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