

## **Appendix M: CCBHC Criteria Compliance Checklist**

This compliance checklist identifies the criteria required for a Certified Community Behavioral Health Clinic (CCBHC) and their designated collaborating organizations (DCOs), which together form the CCBHC.

### **Program Requirement 1: Staffing**

#### **Criteria 1.A. General Staffing Requirements**

##### **1.a.1 Needs Assessment and Staffing Plan**

\_\_\_\_\_ The CCBHC has completed a needs assessment.

\_\_\_\_\_ The CCBHC needs assessment addresses cultural, linguistic, treatment and staffing needs and resources of the area to be served by the CCBHCs and addresses transportation, income, culture, and other barriers.

\_\_\_\_\_ The CCBHC needs assessment addresses workforce shortages.

\_\_\_\_\_ Consumers and family members and relevant communities (e.g., ethnic, tribal) were consulted in a meaningful way to complete the needs assessment.

\_\_\_\_\_ There is recognition of the CCBHC's obligation to update the assessment at least every 3 years.

\_\_\_\_\_ The staffing plan for the CCBHC reflects the findings of the needs assessment.

\_\_\_\_\_ The CCBHC bases its requirements for services at the CCBHC, including care coordination, on the needs assessment findings.

##### **1.a.2 Staff**

\_\_\_\_\_ CCBHC staff (both clinical and non-clinical) is appropriate in size and composition for the population to be served by the CCBHC.

\_\_\_\_\_ If veterans are served by the CCBHC, staffing satisfies the requirements of criteria 4.K.

##### **1.a.3 Management Staffing**

\_\_\_\_\_ CCBHC management staffing is adequate for the needs of CCBHC as determined by the needs assessment and staffing plan.

\_\_\_\_\_The CCBHC has a management team structure with key personnel identified by name, including a CEO or Executive Director/Project Director and a Medical Director (may be the same person and Medical Director need not be full time).

[NOTE: A CCBHC that is unable to employ or contract with a psychiatrist are located in Health Resources and Services Administration (HRSA) behavioral health professional shortage areas and have documented reasonable and consistent efforts to obtain a psychiatrist as Medical Director.]

\_\_\_\_\_For a CCBHC without a psychiatrist as Medical Director, provisions are made for psychiatric consultation and a medically trained behavioral health provider with appropriate education and licensure to independently prescribe as the Medical Director.

#### **1.a.4 Liability/Malpractice Insurance**

\_\_\_\_\_The CCBHC maintains adequate liability/malpractice insurance.

### **Criteria 1.B. Licensure and Credentialing of Providers**

#### **1.b.1 Appropriate Licensure and Scope of Practice**

\_\_\_\_\_CCBHC practitioners providing demonstration services will furnish these services within their scope of practice in accordance with all applicable federal, state, and local laws and regulations.

\_\_\_\_\_The CCBHC has policies or procedures in place to ensure continuation of licensure (non-lapse).

\_\_\_\_\_The CCBHC has formal agreements in place with their DCOs, ensuring the DCO staff members serving CCBHC consumers also have appropriate licensure and required state certifications.

#### **1.b.2 Required Staffing**

\_\_\_\_\_The CCBHC staffing plan meets requirements of the state behavioral health authority and any accreditation or other standards required by the state and identifies specific staff disciplines that are required.

\_\_\_\_\_The CCBHC staffing plan requires a medically trained behavioral health care provider, either employed or available through formal arrangement, who can prescribe and manage medications independently under state law, including buprenorphine products, naltrexone and other medications used to treat opioid and/or alcohol use disorders.

- \_\_\_\_\_ The CCBHC staffing plan requires credentialed substance abuse specialists.
- \_\_\_\_\_ The CCBHC staffing plan requires individuals with expertise in addressing trauma and promoting the recovery of children and adolescents with serious emotional disturbance (SED) and adults with serious mental illness (SMI).
- \_\_\_\_\_ The CCBHC staffing plan requires other disciplines that can address needs identified by the needs assessment.
- \_\_\_\_\_ The CCBHC has taken steps to alleviate workforce shortages where they exist.

## **Criteria 1.C. Cultural Competence and Other Training**

### **1.c.1 Training Plans**

- \_\_\_\_\_ The CCBHC training plans realistically address the need for culturally competent services given the needs identified in the needs assessment.
- \_\_\_\_\_ The CCBHC training plans require the following training at staff orientation and annually thereafter: (1) risk assessment, suicide prevention and suicide response; and (2) the roles of families and peers.
- \_\_\_\_\_ The CCBHC training plan requires the following training at staff orientation and thereafter as needed: cultural competence; person-centered and family-centered, recovery-oriented, evidence-based and trauma-informed care; integration of primary care and behavioral health care; and a continuity plan.
- \_\_\_\_\_ The CCBHC has policies or procedures in place to implement this training, ensure the competence of trainers and trainees, and keep track of training by employee.
- \_\_\_\_\_ If active duty military and/or veterans are served, CCBHC cultural competency training includes information related to military culture.

### **1.c.2 – 1.c.4 Skills and Competence**

- \_\_\_\_\_ The CCBHC has written policies and procedures that describe the methods used for assessing skills and competencies of providers.
- \_\_\_\_\_ The CCBHC provides in-service training and education programs.
- \_\_\_\_\_ The CCBHC maintains a list of in-service training and educational programs provided during the previous 12 months.

\_\_\_\_\_The CCBHC maintains documentation of completion of training and demonstration of competencies within staff personnel records.

\_\_\_\_\_Individuals providing training to CCBHC staff have the qualifications to do so as evidenced by their education, training, and experience.

## **Criteria 1. D. Linguistic Competence**

### **1.d.1 – 1.d.4 Meaningful Access**

\_\_\_\_\_ If the CCBHC serves consumers with Limited English Proficiency (LEP) or with language based disabilities, the CCBHC takes reasonable steps to provide meaningful access to their services for such consumers.

\_\_\_\_\_ The CCBHC’s interpretation and translation service(s) (e.g., bilingual providers, onsite interpreter, and language telephone line) are appropriate and timely for the size and needs of the LEP CCBHC consumer population identified in the needs assessment.

\_\_\_\_\_ CCBHC interpreters are trained to function in a medical setting.

\_\_\_\_\_ CCBHC auxiliary aids and services are available and responsive to the needs of consumers with disabilities (e.g., sign language interpreters, teletype [TTY] lines).

\_\_\_\_\_ On the basis of the findings of the CCBHC needs assessment, documents or messages vital to a consumer’s ability to access CCBHC services (e.g., registration forms, sliding-scale fee discount schedule, after-hours coverage, and signage) are available for consumers in languages common in the community served. The documents take into account the literacy levels of the community as well as the need for alternative formats (e.g., for consumers with disabilities), and they are provided in a timely manner.

\_\_\_\_\_ CCBHC consumers are made aware of resources designed to provide meaningful access.

### **1.d.5 Meaningful Access and Privacy**

\_\_\_\_\_ CCBHC 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, including but not limited to the requirements of the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2 (Confidentiality of Alcohol and Drug Abuse Patient Records), patient privacy requirements specific to care for minors, and other state and federal laws.

\_\_\_\_\_ CCBHC consumer consent documentation is regularly offered, explained, and updated.

\_\_\_\_\_ The CCBHC satisfies the requirements of privacy and confidentiality while encouraging communication between providers and family of the consumer.

## **Program Requirement 2: Availability and Accessibility of Services**

### **Criteria 2.A. General Requirements of Access and Availability 2.a.1-**

#### ***2.a.8 Access and Availability Generally***

\_\_\_\_\_ The CCBHC takes measures to ensure provision of a safe, functional, clean, and welcoming environment for consumers and staff.

\_\_\_\_\_ The CCBHC complies with all relevant federal, state, and local laws and regulations regarding client and staff safety, cleanliness, and accessibility.

\_\_\_\_\_ CCBHC outpatient clinic hours include some evening and weekend hours and meet the needs of the population served.

\_\_\_\_\_ The location of the CCBHC is accessible to the consumer population being served.

\_\_\_\_\_ The CCBHC provides transportation or transportation vouchers for consumers as resources allow.

\_\_\_\_\_ The CCBHC plans to use mobile in-home, telehealth/telemedicine, and/or online treatment services, where appropriate, and have either sufficient experience or preparation to do so effectively.

\_\_\_\_\_ The CCBHC engages in outreach and engagement activities to assist consumers and families to access benefits and services.

\_\_\_\_\_ CCBHC services are aligned with state or county/municipal court standards for the provision of court-ordered services.

\_\_\_\_\_ The CCBHC has adequate continuity of operations/disaster plans in place.

\_\_\_\_\_ The CCBHC provides available and accessible services that will accommodate the needs of the population to be served as identified in the needs assessment.

### **Criteria 2.B. Requirements for Timely Access to Services and Initial and Comprehensive Evaluation for New Consumers**

### **2.b.1 Timing of Screening, Evaluation and Provision of Services to New CCBHC Consumers<sup>7</sup>**

\_\_\_\_\_ For new CCBHC consumers with an initial screening identifying an urgent need, the CCBHC complies with either: (1) the criteria requirement that clinical services and initial evaluation are to be provided/completed within one (1) business day of the time the request is made, or (2) a more stringent state standard of less than one day. .

\_\_\_\_\_ For new CCBHC consumers with an initial screening identifying routine needs, the CCBHC complies with either: (1) the criteria requirement that clinical services and initial evaluation are to be provided/completed within 10 business days, or (2) a more stringent state standard of less than 10 business days. .

\_\_\_\_\_ For new consumers, the CCBHC either: (1) uses the criteria requirement that a comprehensive person-centered and family-centered diagnostic and treatment planning evaluation be completed within 60 calendar days of the first request for services, or (2) has a more stringent time standard of .

\_\_\_\_\_ The CCBHC has policies and/or procedures for new consumers that include administration of a preliminary screening and risk assessment to determine acuity of needs in accordance with state standards.

\_\_\_\_\_ The CCBHC has policies and/or procedures for conducting: (1) an initial evaluation, and (2) a comprehensive person-centered and family-centered diagnostic and treatment planning evaluation in accordance with state standards.

\_\_\_\_\_ The CCBHC has policies and/or procedures to ensure immediate, appropriate action, including any necessary subsequent outpatient follow-up if the screening or other evaluation identifies an emergency or crisis need.

\_\_\_\_\_ The CCBHC has policies and/or procedures for initial evaluations that are conducted telephonically that require the initial evaluation to be reviewed and the consumer to be seen in person at the next encounter, once the emergency is resolved.

### **2.b.2 Updating Comprehensive Person-Centered and Family-Centered Diagnostic and Treatment Planning Evaluation<sup>8</sup>**

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<sup>7</sup> See also criterion 4.D related to the content of these evaluations.

<sup>8</sup> See criteria 3.D and 4.E for other requirements related to the treatment planning process.

\_\_\_\_\_ CCBHC treatment teams update the comprehensive person-centered and family-centered diagnostic and treatment planning evaluation, in agreement with and endorsed by the consumer and in consultation with the primary care provider (if any), when changes in the consumer's status, responses to treatment, or goal achievement have occurred.

\_\_\_\_\_ Assessment must be updated no less frequently than every (1) 90 calendar days; (2) has a more stringent time standard of less than 90 days; or (3) has an existing less stringent time standard that is acceptable. If the third option is chosen, the time standard and the justification for using it are described below.

### **2.b.3 Timing of Services for Established Consumers**

\_\_\_\_\_ The CCBHC complies with the standards for established CCBHC consumers seeking an appointment for routine needs. The CCBHC may either: (1) use the criteria requirement that outpatient clinical services for established CCBHC consumers seeking an appointment for routine needs are provided within 10 business days of the requested date for service and, for those presenting with an urgent need, within 1 business day of the request, (2) has a more stringent time standard of days, or (3) has an existing less stringent time standard that is acceptable. If the third option is chosen, the time standard and the justification for using it are described below::

\_\_\_\_\_ The CCBHC has in place policies and/or procedures for established CCBHC consumers who present with an emergency/crisis need, that include options for appropriate and immediate action.

### **Criteria 2.C. Access to Crisis Management Services<sup>9</sup>**

\_\_\_\_\_ The CCBHC provides crisis management services that are available and accessible 24 hours a day and required to be delivered within 3 hours.

\_\_\_\_\_ The CCBHC has policies or procedures in place requiring communication to the public of the availability of these services, as well as to consumers at intake, and that the latter is provided in a way that ensures meaningful access.

\_\_\_\_\_ The CCBHC has policies or procedures in place addressing: (1) coordination of services when consumers present to local emergency departments (EDs); (2) involvement of law enforcement when consumers are in psychiatric crisis; and (3)

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<sup>9</sup> See criterion 4.C regarding content of crisis services and 3.a.4 regarding crisis planning in the context of care coordination.

reducing delays in initiating services during and after a consumer has experienced a psychiatric crisis.

\_\_\_\_\_ The CCBHC works with consumers at intake and after a psychiatric emergency or crisis to create, maintain and follow a crisis plan.

**Criteria 2.D. No Refusal of Services Due to Inability to Pay**

\_\_\_\_\_ The CCBHC has a policy that services cannot be refused because of inability to pay.

\_\_\_\_\_ The CCBHC has policies or procedures that ensure (1) provision of services regardless of ability to pay; (2) waiver or reduction of fees for those unable to pay; (3) equitable use of a sliding fee discount schedule that conforms to the requirements in the criteria; and (4) provision of information to consumers related to the sliding fee discount schedule, available on the website, posted in the waiting room, and provided in a format that ensures meaningful access to the information.

**Criteria 2.E. Provision of Services Regardless of Residence**

\_\_\_\_\_ The CCBHC has a policy that services cannot be refused due to residence.

\_\_\_\_\_ The CCBHC has policies or protocols addressing services for those living out of state.

\_\_\_\_\_ The CCBHC has policies or procedures ensuring: (1) services will not be denied to those who do not live in the catchment area (if there is one), including provision of crisis services, provision of other services, and coordination and follow-up with providers in the individual's catchment area; and (2) services will be available for consumers living in the CCBHC catchment area but who are distant from the CCBHC.



## **Program Requirement 3: Care Coordination<sup>10</sup>**

### **Criteria 3.A. General Requirements of Care Coordination**

- \_\_\_\_\_ 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.
- \_\_\_\_\_ The CCBHC has procedures in place that comply with HIPAA, 42 CFR Part 2, requirements specific to minors, and other privacy and confidentiality requirements of state or federal law addressing care coordination and in interactions with the DCOs,
- \_\_\_\_\_ The CCBHC has policies and/or procedures in place to encourage participation by family members and others important to the consumer in care coordination, subject to privacy and confidentiality requirements and subject to consumer consent.
- \_\_\_\_\_ The CCBHC has policies and procedures in to assist consumers and families of children and adolescents in obtaining appointments and keeping the appointment when there is a referral to an outside provider, subject to privacy and confidentiality requirements and consistent with consumer preference and need.
- \_\_\_\_\_ The CCBHC has procedures for medication reconciliation with other providers.

### **Criteria 3.B. Care Coordination and Other Health Information Systems**

- \_\_\_\_\_ The CCBHC has health information technology (HIT) systems in place that (1) include EHRs; (2) can capture demographic information, diagnoses, and medication lists; (3) provide clinical decision support; and (4) can electronically transmit prescriptions to the pharmacy.
- \_\_\_\_\_ CCBHC HIT systems allow reporting on data and quality measures required by the criteria.
- \_\_\_\_\_ The CCBHC has plans in place to use the HIT system to conduct activities such as population health management, quality improvement, disparity reduction, outreach and research.

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<sup>10</sup> In the answer to any question is “no”, please provide a justification at the end of the program requirement checklist.

[NOTE: If a CCBHC HIT system is being newly established, it is certified to accomplish the activities above; to send and receive the full common data set for all summary of care records; to support capabilities including transitions of care, privacy, and security; and to meet the *Patient List Creation* criterion (45 CFR §170.314(a)(14)) established by the Office of the National Coordinator (ONC) for ONC's Health IT Certification Program.]

\_\_\_\_\_The CCBHC has a plan in place to improve care coordination between the CCBHC and DCOs using HIT. The plan should include how the CCBHC can support electronic health information exchange to improve care transitions to and from the CCBHC using the HIT system they have or are developing related to transitions of care.

### **Criteria 3.C. Care Coordination Agreements**

CCBHCs are expected to work towards formal agreements (contract, Memorandum of Agreement (MOA), or Memorandum of Understanding (MOU)) during the 2 year grant period but should at least have some informal agreement (letter of support, letter of agreement, or letter of commitment) with each entity at certification. The agreement must describe the parties' mutual expectations and responsibilities related to care coordination.

\_\_\_\_\_The CCBHC has an agreement in place with ***Federally Qualified Health Centers (FQHCs) and, where relevant, Rural Health Clinics (RHCs)***, unless health care services are provided by the CCBHC.

\_\_\_\_\_The CCBHC has protocols for care coordination with other primary care providers when they are the provider of health care for consumers.

\_\_\_\_\_The CCBHC has an agreement in place with ***Inpatient psychiatric treatment, including substance use disorder services facilities to provide services at the clinically appropriate level, and residential programs.***

\_\_\_\_\_The CCBHC has provisions for tracking consumers admitted to and discharged from these facilities (unless there is a formal transfer of care).

\_\_\_\_\_The CCBHC has protocols for transitioning consumers from emergency departments and these other settings to a safe community setting, including transfer of medical records, prescriptions, active follow- up, and, where appropriate, a plan for suicide prevention and safety, and for provision of peer services.

\_\_\_\_\_The CCBHC has an agreement in place with ***community or regional services, supports, and providers.*** These include the following specified in the statute: schools; child welfare agencies; juvenile and criminal justice agencies and facilities, including drug, mental health, veterans and other specialty courts; Indian Health Service (IHS) youth regional treatment centers; state licensed and nationally accredited child placing agencies for therapeutic foster care service; and other social

and human services. Also noted in the criteria as potentially relevant are the following: specialty providers of medications for treatment of opioid and alcohol dependence; suicide/crisis hotlines and warm lines; other IHS or tribal programs; homeless shelters; housing agencies; employment services systems; services for older adults, such as Aging and Disability Resource Centers; and other social and human services (e.g., domestic violence centers, pastoral services, grief counseling, Affordable Care Act navigators, food and transportation programs).

\_\_\_\_\_ The CCBHC has an agreement in place with the nearest Department of Veterans Affairs' medical center, independent clinic, drop-in center, or other facility of the Department

\_\_\_\_\_ The CCBHC explored agreements with each of the facilities of different types are nearby.

\_\_\_\_\_ The CCBHC has an agreement in place with inpatient acute-care hospitals, including emergency departments, hospital outpatient clinics, urgent care centers, residential crisis settings, and substance use disorder treatment programs offering a continuum of care to include outpatient with induction services and maintenance treatment for MAT, intensive outpatient or partial hospital programs, or centers of excellence or those with a specialty in treating OUD and when clinically indicated inpatient and residential treatment programs.

\_\_\_\_\_ The CCBHC has provisions for tracking consumers admitted to and discharged from these facilities (unless there is a formal transfer of care from a CCBHC).

\_\_\_\_\_ The CCBHC has procedures and services for transitioning consumers from EDs and these other settings to CCBHC care, for shortened lag time between assessment and treatment, and for transfer of medical records, prescriptions, active follow-up.

\_\_\_\_\_ The CCBHC has care coordination agreements that require coordination of consent and follow-up within 24 hours, continuing until the consumer is linked to services or is assessed as being no longer at risk, for consumers presenting to the facility at risk for suicide.

\_\_\_\_\_ The CCBHC makes and documents reasonable attempts to contact all consumers discharged from these settings within 24 hours of discharge.

### **Criteria 3.D. Treatment Team, Treatment Planning and Care Coordination Activities<sup>11</sup>**

\_\_\_\_\_ CCBHC treatment planning includes the consumer, the family of child consumers, and, if the consumer chooses, the adult consumer's family or others designated by the consumer.

\_\_\_\_\_ CCBHC treatment planning and care coordination are person-centered and family-centered.

\_\_\_\_\_ CCBHC treatment planning and care coordination comply with HIPAA and other privacy and confidentiality requirements.

\_\_\_\_\_ The CCBHC coordinates care provided by DCOs.

\_\_\_\_\_ The CCBHC designates interdisciplinary treatment teams composed of individuals who work together to coordinate the medical, psychosocial, emotional, therapeutic, and recovery support needs of CCBHC consumers that may include traditional approaches to care for consumers who may be American Indian or Alaska Native as appropriate for the individual's needs.

\_\_\_\_\_ The CCBHC provides recovery support needs of CCBHC consumers, including, as appropriate, traditional approaches to care for consumers who may be American Indian or Alaska Native.

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<sup>11</sup> See criteria 2.b.2 and 4.E related to other aspects of treatment planning.

## Program Requirement 4: Scope of Services<sup>12</sup>

### Criteria 4.A. General Service Provisions

- \_\_\_\_\_ The CCBHC directly provides, at a minimum, the four required services.
- \_\_\_\_\_ CCBHC formal agreements with DCOs within the state make clear that the CCBHC retains ultimate clinical responsibility for CCBHC services provided by DCOs.
- \_\_\_\_\_ All required CCBHC services, if not available directly through the CCBHC, are provided through a DCO.
- \_\_\_\_\_ CCBHC consumers have freedom to choose providers within the CCBHC and its DCOs.
- \_\_\_\_\_ CCBHC consumers have access to CCBHC grievance procedures, including for CCBHC services provided by a DCO.
- \_\_\_\_\_ With regard to CCBHC or DCO services, the grievance process satisfies the minimum requirements of Medicaid and other grievance requirements such as those that may be mandated by relevant accrediting entities.
- \_\_\_\_\_ CCBHC services provided by DCOs meet the same quality standards as those required of the CCBHC.

### Criteria 4.B. Person-Centered and Family-Centered Care

- \_\_\_\_\_ The CCBHC and its DCOs provide are person-centered and family-centered and recovery oriented, being respectful of the individual consumer's needs, preferences, and values, and ensuring both consumer involvement and self-direction of services received.
  - \_\_\_\_\_ The services that the CCBHC and its DCOs provide for children and adolescents are family-centered, youth-guided, and developmentally appropriate.
  - \_\_\_\_\_ CCBHC services are culturally appropriate, as indicated in the needs assessment.
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<sup>12</sup> If the answer to any question is "no", please provide a justification at the end of the program requirement checklist.

#### **Criteria 4.C. Crisis Behavioral Health Services<sup>13</sup>**

\_\_\_\_\_ The following services are explicitly included among CCBHC services that are provided directly or through an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services: (1) 24 hour mobile crisis teams, (2) emergency crisis intervention services, (3) crisis stabilization services, (4) suicide crisis response; and (5) services for substance abuse crisis and intoxication, including ambulatory and medical detoxification services.

\_\_\_\_\_ Crisis services are provided by the CCBHC or by an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services. Please indicate how crisis services are provided:

- By the CCBHCs directly.
- By an existing system or network with which the CCBHCs have a formal agreement. Describe the existing system.

#### **Criteria 4.D. Behavioral Health Screening, Assessment, and Diagnosis<sup>14</sup>**

\_\_\_\_\_ The CCBHC directly provides behavioral health screening, assessment, and diagnosis, including risk assessment.

\_\_\_\_\_ The CCBHC ensures that all of the following (derived from the Appendix A quality measures) occurs: (1) tobacco use: screening and cessation intervention; (2) unhealthy alcohol use: screening and brief counseling; (3) child and adolescent major depressive disorder suicide risk assessment; (4) adult major depressive disorder suicide risk assessment; and (5) screening for clinical depression and follow-up plan.

\_\_\_\_\_ The CCBHC's initial evaluation of consumers includes the following: (1) preliminary diagnoses; (2) source of referral; (3) reason for seeking care, as stated by the consumer or other individuals who are significantly involved; (4) identification of the consumer's immediate clinical care needs related to the diagnoses for mental and substance use disorders; (5) a list of current prescriptions and over-the-counter medications, as well as other substances the

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<sup>13</sup> See criterion 2.C regarding access to crisis services.

<sup>14</sup> See criterion 2.B regarding timing of evaluations and assessments.

consumer may be taking; (6) an assessment of whether the consumer is a risk to self or to others, including suicide risk factors; (7) an assessment of whether the consumer has other concerns for their safety; (8) assessment of need for medical care (with referral and follow-up as required); (9) a determination of whether the person presently is or ever has been a member of the U.S. Armed Services; and (10) such other assessment as the state may require as part of the initial evaluation.

- Describe additional requirements (if any) established by the state, based on the population served, for the initial evaluation.

\_\_\_\_\_ The CCBHC regularly obtains release of information consent forms as feasible as part of the initial evaluation.

\_\_\_\_\_ Licensed behavioral health professionals, performing within the state's scope of practice and working in conjunction with the consumer as members of the treatment team, complete a comprehensive person-centered and family-centered diagnostic and treatment planning evaluation within 60 days of the first request for services by new CCBHC consumers.

\_\_\_\_\_ The CCBHC meets applicable state, federal or applicable accreditation standards for comprehensive diagnostic and treatment planning evaluations

\_\_\_\_\_ The CCBHC conducts screening, assessment and diagnostic services in a timely manner and in a time period responsive to consumers' needs.

\_\_\_\_\_ CCBHC screening, assessment and diagnostic services are sufficient to assess the need for all services provided by the CCBHCs and their DCOs.

\_\_\_\_\_ The CCBHC uses standardized and validated screening and assessment tools and, where appropriate, motivational interviewing techniques.

\_\_\_\_\_ The CCBHC uses culturally and linguistically appropriate screening tools.

\_\_\_\_\_ The CCBHC uses tools/approaches that accommodate disabilities (e.g., hearing disability, cognitive limitations), when appropriate.

\_\_\_\_\_ The CCBHC conducts a brief intervention and provides or refers the consumer for full assessment and treatment if screening identifies unsafe substance use, including problematic alcohol or other substance use.

#### **Criteria 4.E. Person-Centered and Family-Centered Treatment Planning<sup>15</sup>**

- \_\_\_\_\_ The CCBHC directly provides person-centered and family-centered treatment planning in the state.
- \_\_\_\_\_ The CCBHC provides for collaboration with and endorsement by (1) consumers, (2) family members or caregivers of child and adolescent consumers, and (3) to the extent adult consumers wish, adult consumers' families.
- \_\_\_\_\_ The CCBHC uses individualized treatment planning that includes shared decision-making; addresses all required services; is coordinated with the staff or programs needed to carry out the plan; includes provision for monitoring progress toward goals; is informed by consumer assessments; and considers consumers' needs, strengths, abilities, preferences, and goals, expressed in a manner capturing consumers' words or ideas and, when appropriate, those of consumers' families/caregivers.
- \_\_\_\_\_ The CCBHC seeks consultation for special emphasis problems and the results of such consultation are included in the treatment plan.
- \_\_\_\_\_ The CCBHC documents consumers' advance wishes related to treatment and crisis management or consumers' decisions not to discuss those preferences.

#### **Criteria 4.F. Outpatient Mental Health and Substance Use Services**

- \_\_\_\_\_ The CCBHC directly provides outpatient mental health and substance use services.
- \_\_\_\_\_ The CCBHC focuses as a priority service on providing necessary care to those living with serious mental illness (psychotic disorders, severe mental illnesses that result in danger to self/others and/or grave disability) including emergency assessment and treatment including use of appropriate psychotropic medications and psychotherapeutic interventions, ACT, and if so ordered, AOT services.
- \_\_\_\_\_ The CCBHC provides identified evidence-based or best practices outpatient mental health and substance use services.
- \_\_\_\_\_ The CCBHC makes available specialized services for purposes of outpatient mental and substance use disorder treatment, through referral or formal

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<sup>15</sup> See criteria 2.B.2 and 3.D regarding other aspects of treatment planning.



arrangement with other providers or, where necessary and appropriate, through use of telehealth/telemedicine services.

- \_\_\_\_\_ The CCBHC provides evidenced-based services that are developmentally appropriate, youth-guided, and family or caregiver driven to children and adolescents.
- \_\_\_\_\_ The CCBHC considers the individual consumer's phase of life, desires and functioning and appropriate evidence-based treatments.
- \_\_\_\_\_ The CCBHC considers the level of functioning and appropriate evidence-based treatments when treating individuals with developmental or other cognitive disabilities.
- \_\_\_\_\_ The CCBHC delivers treatment by staff with specific training in treating the segment of the population being served.
- \_\_\_\_\_ The CCBHC uses approaches when addressing the needs of children that comprehensively address family/caregiver, school, medical, mental health, substance abuse, psychosocial, and environmental issues.

#### **Criteria 4.G. Outpatient Clinic Primary Care Screening and Monitoring**

- \_\_\_\_\_ The CCBHC is responsible for outpatient clinic primary care screening and monitoring of key health indicators and health risks and that care is coordinated. If primary care screening and monitoring are offered by a DCO(s), the CCBHC has a formal agreement with the DCO(s).
- \_\_\_\_\_ The CCBHC collects and reports the following: (1) adult body mass index (BMI) screening and follow-up; (2) weight assessment and counseling for nutrition and physical activity for children and adolescents; (3) care for controlling high blood pressure; (4) diabetes screening for people who are using antipsychotic medications; (5) diabetes care for people with serious mental illness: Hemoglobin A1c (HbA1c); (6) metabolic monitoring for children and adolescents on antipsychotics; (7) cardiovascular health screening for people who are prescribed antipsychotic medications; and (8) cardiovascular health monitoring for people with cardiovascular disease and schizophrenia.
- \_\_\_\_\_ The CCBHC ensures that children receive age appropriate screening and preventive interventions including, where appropriate, assessment of learning disabilities, and older adults receive age appropriate screening and preventive interventions

#### **Criteria 4.H. Targeted Case Management Services**

\_\_\_\_\_ The CCBHC is responsible for high quality targeted case management services that will assist individuals in sustaining recovery, and gaining access to needed medical, social, legal, educational, and other services and supports. If targeted case management services are offered by a DCO(s), the CCBHC has a formal agreement with the DCO(s).

\_\_\_\_\_ The CCBHC has established requirements, based on the population served, as to what targeted case management services must be offered as part of the CCBHC care system, including identifying target populations. The population(s) targeted is (are) \_\_\_\_\_

#### **Criteria 4.I. Psychiatric Rehabilitation Services**

\_\_\_\_\_ The CCBHC is responsible for evidence-based and other psychiatric rehabilitation services. If psychiatric rehabilitation services are offered by a DCO(s), the CCBHC has a formal agreement with the DCO(s).

#### **Criteria 4.J. Peer Supports, Peer Counseling and Family/Caregiver Supports**

\_\_\_\_\_ The CCBHC is responsible for peer specialist and recovery coaches, peer counseling, and family/caregiver supports. If peer support, peer counseling and family/caregiver support services are offered by a DCO(s), the CCBHC has a formal agreement with the DCO(s).

#### **Criteria 4.K. Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans**

\_\_\_\_\_ The CCBHC is responsible for intensive, community-based behavioral health care for certain members of the U.S. Armed Forces and veterans, particularly those Armed Forces members located 50 miles or more (or one 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 has demonstrated efforts to facilitate the provision of intensive community-based behavioral health services to veterans and active duty military personnel.

\_\_\_\_\_ CCBHC care provided to veterans is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration (VHA), including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration.

- \_\_\_\_\_ The CCBHC asks and documents asking all individuals inquiring about services, whether they have ever served in the U.S. military. For those affirming current or former service in the U.S. military, CCBHCs either direct them to care or provide care through the CCBHC as required by criterion 4.k.2.
- \_\_\_\_\_ The CCBHC offers assistance with enrollment in the VHA for the delivery of health and behavioral health services to persons affirming former military service.
- \_\_\_\_\_ The CCBHC provides coordination between the care of substance use disorders and other mental health conditions for veterans and active duty military personnel who experience both, to the extent those services are appropriately provided by the CCBHC in accordance with criteria 4.k.1 and 4.k.2.
- \_\_\_\_\_ The CCBHC provides for integration and coordination of care for behavioral health conditions and other components of health care for all veterans and active duty military personnel who experience both, to the extent those services are appropriately provided by the CCBHC in accordance with criteria 4.k.1 and 4.k.2.
- \_\_\_\_\_ The CCBHC assigns a Principal Behavioral Health Provider to every veteran seen, unless the VHA has already assigned a Principal Behavioral Health Provider.
- \_\_\_\_\_ The CCBHC provides care and services for veterans that are recovery-oriented, adhere to the guiding principles of recovery, VHA recovery, and other VHA guidelines.
- \_\_\_\_\_ CCBHC staff who work with military or veteran consumers are trained in cultural competence, and specifically military and veterans' culture.
- \_\_\_\_\_ The CCBHC develops a behavioral health treatment plan for all veterans receiving behavioral health services compliant with provisions of Criteria 4.K.

## Program Requirement 5: Quality and Other Reporting<sup>16</sup>

### Criteria 5.A. Data Collection, Reporting, and Tracking

- \_\_\_\_\_ The CCBHC has the ability (for, at a minimum, all Medicaid enrollees) to collect, track, and report data and quality metrics as required by the statute and criteria.
- \_\_\_\_\_ The CCBHC has formal arrangements with the DCOs to obtain access to data needed to fulfill their reporting obligations and to obtain appropriate consents necessary to satisfy HIPAA, 42 CFR Part 2, and other requirements.

### Criteria 5.B. Continuous Quality Improvement (CQI) Plan

- \_\_\_\_\_ The CCBHC has written CQI plans that satisfy the requirements of the criteria.
- \_\_\_\_\_ The CCBHC's CQI plans specifically address (1) consumer suicide attempts and deaths, (2) 30-day hospital readmissions, and (3) quality of care issues including monitoring for metabolic syndrome, movement disorders, and other medical side effects of psychotropic medications.

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<sup>16</sup> If the answer to any question is "no", please provide a justification at the end of the program requirement checklist.

## **Program Requirement 6: Organizational Authority, Governance, and Accreditation<sup>17</sup>**

### **Criteria 6.A. General Requirements of Organizational Authority and Finances**

\_\_\_\_\_ The CCBHC's organizational authority is among those listed in the statute and criteria.

\_\_\_\_\_ The CCBHC not operated under or in collaboration with the authority of the Indian Health Service, an Indian tribe, or tribal or urban Indian organization, has reached out to these entities within their geographic service area and entered into arrangements with them to assist in the provision of services to and to inform the provision of services to AI/AN consumers.

\_\_\_\_\_ The CCHBC has a procedure for an annual financial audit and correction plan, when the latter is necessary.

### **Criteria 6.B. Governance**

\_\_\_\_\_ The CCBHC board members are representative of the individuals being served by the CCBHC in terms of demographic factors such as geographic area, race, ethnicity, sex, gender identity, disability, age, and sexual orientation, and in terms of types of disorders. The CCBHC incorporates meaningful participation by adult consumers with mental illness, adults recovering from substance use disorders, and family members of CCBHC consumers through the options listed below. Identify which method was used to certify the CCBHC.

- 51 percent of the board are families, consumers or people in recovery from behavioral health conditions. The CCBHC has described how it meets this requirement or developed a transition plan with timelines appropriate to its governing board size and target population to meet this requirement that is satisfactory to the state.
- A substantial portion of the governing board members meet this criteria and other specifically described methods for consumers, people in recovery and family members to provide meaningful input to the board about the CCBHC's policies, processes, and services,

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<sup>17</sup> If the answer to any question is "no", please provide a justification at the end of the program requirement checklist.

- The CCBHC is comprised of a governmental or tribal entity or a subsidiary or part of a larger corporate organization that cannot meet these requirements for board membership. The CCBHC has specified and documented the reasons why the CCBHC cannot meet these requirements and the CCBHC has developed an advisory structure and other specifically described methods for consumers, persons in recovery, and family members to provide meaningful input to the board about the CCBHC's policies, processes, and services.