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OFFICIAL MEMORANDUM

DATE: February 3, 2016  
TO: CEOs and CFOs of Administrative Agents, Affiliates, and CSTAR Providers  
FROM: Nora Bock, Director of Adult Community Treatment   
RE: Draft CCBHC Certification Guide

For the Certified Behavioral Health Clinic (CCBHC) Prospective Payment System (PPS) Demonstration Project, the Division of Behavioral Health (DBH) must assure that organizations selected to participate as CCBHCs comply with the SAMHSA CCBHC Certification Criteria. The attached "CCBHC Certification Guide" was developed by a team of DBH staff, Coalition for Community Behavioral Healthcare staff, and DBH-contracted behavioral health treatment providers. The guide is intended to help your organization prepare to apply for recognition as a CCBHC in the demonstration project. In March, we will be providing detailed CCBHC Certification training for interested organizations regarding the CCBHC requirements, and introducing a draft CCBHC Application and the proposed application process. The CCBHC requirements outlined in the "Guide" represent our current understanding of what will be required in order to be recognized as a CCBHC. It is possible that some changes in the requirements could still occur; thus, this guide is considered a working DRAFT. However, we wanted to give you an opportunity to begin assessing the status of your organization with regard to the requirements as early as possible.

Based on your review of the "Guide," please determine if you are interested in participating in the training being planned for March. **Please let Rachelle Glavin ([RGlavin@mocoalition.org](mailto:RGlavin@mocoalition.org)) know by February 26, 2016, if your organization plans to participate in the CCBHC Certification training.** You will likely have many questions about various aspects of the requirements. While we hope to anticipate those in the material we are preparing for the March event, the training will provide ample opportunity to answer any questions you have.

The structure of the "Guide" is based on that of the SAMHSA CCBHC Certification Criteria, with major sections corresponding to the six major sections of the SAMHSA criteria:

- Staffing
- Availability and Accessibility of Services
- Scope of Services

- Care Coordination
- Quality and Other Reporting
- Organizational Authority, Governance and Accreditation

The subsections of the “Guide” also correspond to the subsections of the SAMHSA Certification Criteria.

Each page of the “Guide” is divided into the following topics:

SAMHSA Criteria	Explanation/Interpretation	Documenting Compliance	Status
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**Column 1: “SAMHSA Criteria”**

The information in each cell in this column identifies a verbatim SAMHSA certification criterion.

**Column 2: “Explanation/Interpretation”**

Cells in this column provide several types of information:

- The Joint Commission and CARF accreditation standards align directly with many, though not all, of the SAMHSA CCBHC Certification Criteria. When that is the case, those CARF and TJC standards that apply directly to a specific criterion listed in column #1 are cited in column #2.
- Sometimes column #2 clarifies how DBH understands the criterion listed in column #1, or provides information about some action DBH intends to take in order to assist organizations in complying with the criterion listed in column #1.
- Often the criterion listed in column #1 either requires the state to establish its own specific CCBHC standard related to the criterion, or DBH has interpreted the criterion in column #1 by establishing its own specific CCBHC standard. When this is the case, column #2 will include a specific DBH standard that takes the place of the criterion listed in column #1. These DBH specific standards are written in **boldface type** and identified as “**CCBHC Requirements.**”

Because the criteria listed in column #1 are often complex, involving several separate requirements, column #2 often includes more than one of the types of information listed above.

**Column 3: “Documenting Compliance”**

Cells in this column describe what is required in order for an organization to demonstrate compliance with the criteria listed in column #1 and/or the DBH-specific “**CCBHC Requirements**” listed in column #2.

**Column 4: “Status”**

This column is provided for your organization to self-assess your preparedness for, or progress toward, compliance with each criterion listed in column #1 and/or the DBH-specific “**CCBHC Requirements**” listed in column #2. Subsequent to the publication of the SAMHSA CCBHC Certification Criteria, SAMHSA published additional guidance that further explains, interprets, or elaborates on the original Certification Criteria regarding “General Staffing Requirements,” “Care Coordination Agreements,” and “Crisis Behavioral Health Services.” Therefore, the pages for these subsections of the “Guide” have an additional column (“SAMHSA Clarification”) inserted between the “SAMHSA Criteria” and the “Explanation/Interpretation” columns.

Following the Certification Training in March, we will distribute an Application for Recognition as a CCBHC. We anticipate that applications will be due by mid-July. From mid-July to mid-September, DBH will review the applications and seek additional information when necessary to determine compliance with the SAMHSA Certification Criteria. At present, we do not expect to conduct site visits as part of the recognition process. By early October, organizations will be recognized for inclusion as CCBHCs in our application to participate in the CCBHC PPS Demonstration Project. DBH must submit the state application to SAMHSA and CMS by October 31, 2016.

If you have questions specifically about the certification standards, please make a list and bring those questions to the training. If you have questions about how to use the "Guide," please contact Dorn Schuffman at [dorn.schuffman@dmh.mo.gov](mailto:dorn.schuffman@dmh.mo.gov). We will determine if there is a need for any FAQs to be distributed prior to the March training. Thank you in advance for your close review of this information. Much of our later work will be built upon the framework established here.

NB:ldn

Attachment

ec: Dorn Schuffman  
Rachelle Glavin  
Rhonda Turner  
Natalie Fornelli

## STAFFING

### General Staffing Requirements

SAMHSA Criteria	SAMHSA Clarification	Explanation/Interpretation	Documenting Compliance	Status
<p><b>1.a.1.</b> As part of the process leading to certification, <b>the state will prepare an assessment of the needs of the target consumer population</b> 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. <b>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.</b></p>	<p><i>CCBHCs have a state approved needs assessment that addresses cultural, linguistic, treatment and staffing needs and resources of the area to be served, as well as transportation, income, culture and other barriers, and work-force 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.</i></p>	<p>After some confusion at SAMHSA regarding whether states or CCBHCs were required to develop the initial needs assessment, SAMHSA issued this clarification which assigns development of the initial needs assessment to the state, but requires that CCBHCs “have” a copy of the assessment of needs developed by the state, and that CCBHCs recognize the obligation to update the assessment at least every 3 years.</p> <p>As part of its application for a Planning Grant, DBH was required to identify the “Populations of Focus, Service Gaps, and other System Issues and Needs” it would address through the CCBHC PPS Demonstration Project. In addition, DBH provided information on relevant prevalence rates and documentation of health and healthcare disparities related to race, ethnicity, and culture in Missouri. DBH also identified the evidence-based, promising, and best practices relevant to meeting the needs of the population of focus.</p> <p>DBH will provide each CCBHC with a copy of the sections of the Planning Grant that describe the needs of the populations of focus, along with a PowerPoint presentation which summarizes the assessment of need information and explains how that led to Missouri’s specific CCBHC service, staffing, and EBP requirements.</p>	<p>As part of its CCBHC application, organizations will acknowledge their responsibility to update the initial state assessment of need at least every 3 years to account for the unique and changing characteristics of the individuals they serve and the population of their service area.</p>	
<p><b>1.a.2</b> The staff (both clinical and non-clinical) is appropriate for serving the consumer population in terms of size and composition</p>		<p>CARF and TJC accreditation address this issue.  <b>CARF:</b> 1.1.1.a.,b.,c.,d. &amp; 1.1.4 a.(1).  <b>TJC:</b> LD.03.06.01, EP 3 &amp; 4</p>	<p>The organization is accredited by CARF or TJC.</p>	

<p>and providing the types of services the CCBHC is required to and proposes to offer.</p> <p><b>Note:</b> See criteria 4.K relating to required staffing of services for veterans.</p>				
<p><b>1.a.3</b> 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 plan. The management team will include, at a minimum, a CEO or Executive Director/Project Director, and a psychiatrist as Medical Director. The Medical Director need not be a full-time employee of the CCBHC. Depending on the size of the CCBHC, both positions (CEO/Executive Director/Project Director and the Medical Director) may be held by the same person. The Medical Director will ensure the medical component of care and the integration of behavioral health (including addictions) and primary care are facilitated.</p> <p><b>Note:</b> If a CCBHC is unable, after reasonable and consistent efforts, to employ or contract with a psychiatrist as Medical Director because of a documented behavioral health professional shortage in its vicinity (as determined by the Health Resources and Services Administration (HRSA), psychiatric consultation will be obtained on the medical component of care and the integration of behavioral health and primary care, and a medically trained behavioral health care provider with appropriate education and licensure with prescriptive authority in psychopharmacology who can prescribe and manage medications independently pursuant to state law will serve as the Medical Director.</p>		<ol style="list-style-type: none"> <li>CARF and TJC accreditation standards address the need to maintain a fully staffed management team appropriate to the size and needs of the clinic. <b>CARF:</b> 1.1.1.a.,b.c.,d. &amp; 1.1.4 a.(1); <b>TJC:</b> LD.03.06.01, EP 3 &amp; 4</li> <li>DMH will provide training for CCBHC management teams and new Medical Directors on the roles and responsibilities of a Medical Director.</li> </ol>	<ol style="list-style-type: none"> <li>The organization is accredited by CARF or TJC.</li> <li>The organization is able to provide the name and credentials of the Medical Director as part of the CCBHC application</li> </ol>	
<p><b>1.a.4</b> The CCBHC maintain liability/malpractice insurance adequate for the staffing and scope of services provided.</p>		<p>CARF and TJC accreditation standards address this issue. <b>CARF:</b> 1.G.2.a(1), (2); b.; c (10,(2), (3); <b>TJC:</b> LD04.01.01, EP2</p>	<p>The organization is accredited by CARF or TJC.</p>	

<b>Licensure and Credentialing of Providers</b>			
<b>SAMHSA Criteria</b>	<b>Explanation/Interpretation</b>	<b>Documenting Compliance</b>	<b>Status</b>
<p><b>1.b.1</b> 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 documentation, with providers working toward licensure, and appropriate supervision in accordance with applicable state law.</p> <p><b>Note:</b> CCBHCs are not precluded by anything in this criterion from utilizing providers working towards licensure, provided they are working under the requisite supervision.</p>	<p>CARF and TJC accreditation address this issue.  <b>CARF:</b> 1.E.1.a., b., e., k.; 1.I.9.a-h.  <b>TJC:</b> HRM 01.02.01, EP1 &amp; 2; LD.04.01.01, EP2</p>	<p>The organization is accredited by CARF or TJC.</p>	
<p><b>1.b.2</b> The CCBHC staffing plan meets the requirements of the state behavioral health authority and any accreditation standards required by the state, is informed by the state's initial needs assessment, and includes clinical and peer staff. In accordance with the staffing plan, the CCBHC maintains a core staff comprised of employed and, as needed, contracted staff, as appropriate to the needs of CCBHC consumers as stated in consumers' individual treatment plans and as required by program requirements 3 and 4 of these criteria. States specify which staff disciplines they will require as part of certification but must include 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 and other medications used to treat opioid and alcohol use disorders. The CCBHC must have staff, either employed or available through formal arrangements, who are</p>	<p><b><u>CCBHC Requirements:</u></b></p> <p><b>1. At a minimum, the CCBHC provides the following services and staff:</b></p> <ul style="list-style-type: none"> <li>• <b>Crisis Response</b> <ul style="list-style-type: none"> <li>• <b>Directly, or through contract with a DCO, a 24-hour staffed hotline</b></li> <li>• <b>Directly, or through contract with a DCO, 24-hour mobile crisis teams</b></li> <li>• <b>Directly employ QMHPs to provide clinic-based crisis intervention services</b></li> </ul> </li> <li>• <b>Screening, Evaluation and Diagnosis</b> <ul style="list-style-type: none"> <li>• <b>Psychiatrists</b></li> <li>• <b>Qualified Mental Health Professionals</b></li> <li>• <b>Credential SUD Professionals</b></li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>1. The organization meets DMH CPRC and CMHC Healthcare Home requirements</li> <li>2. The CCBHC directly provides, or contracts with a DCO to provide, General Adult, Adolescent, and Women &amp; Children CSTAR Program services.</li> <li>3. The organization is accredited by CARF to provide Outpatient Alcohol and other Drugs/Addictions and Outpatient Mental Health, or Outpatient AOD/MH, to service children adolescents and adults, or by TJC to provide Comprehensive Behavioral Health services for children, adolescents and adults. [Provisional certification by DBH for Outpatient Mental Health or SUD (Level 3) services will be accepted in lieu of the required accreditation until an accreditation site visit</li> </ol>	

<p>credentialed substance abuse specialists.</p> <p>Providers must include 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) and those with substance use disorders. Examples of staff the state might require include a combination of the following: (1) psychiatrists (including child, adolescent, and geriatric psychiatrists), (2) nurses trained to work with consumers across the lifespan, (3) licensed independent clinical social workers, (4) licensed mental health counselors, (5) licensed psychologists, (6) licensed marriage and family therapists, (7) licensed occupational therapists, (8) staff trained to provide case management, (9) peer specialist(s)/recovery coaches, (10) licensed addiction counselors, (11) staff trained to provide family support, (12) medical assistants, and (13) community health workers. The CCBHC supplements its core staff, as necessary given program requirements 3 and 4 and individual treatment plans, through arrangements with and referrals to other providers.</p> <p><b>Note:</b> Recognizing professional shortages exist for many behavioral health providers: (1) some services may be provided by contract or part-time or as needed; (2) in CCBHC organizations comprised of multiple clinics, providers may be shared among clinics; and (3) CCBHCs may utilize telehealth/telemedicine and on-line services to alleviate shortages.</p>	<ul style="list-style-type: none"> <li>• <b>Person-Centered and Family-Centered Treatment Planning</b> <ul style="list-style-type: none"> <li>• <b>Psychiatrists</b></li> <li>• <b>Qualified Mental Health Professionals</b></li> <li>• <b>Credentialed SUD Professionals</b></li> <li>• <b>Community Support Specialists</b></li> <li>• <b>Nurses</b></li> </ul> </li> <li>• <b>Outpatient MH and SUD Services</b> <ul style="list-style-type: none"> <li>• <b>Psychiatrists Qualified Mental Health Professionals</b></li> <li>• <b>Credentialed SUD Professionals</b></li> <li>• <b>Nurses</b></li> </ul> </li> <li>• <b>Primary Care Screening and Monitoring</b> <ul style="list-style-type: none"> <li>• <b>CMHC Healthcare Home staff</b></li> </ul> </li> <li>• <b>Peer and Family Support</b> <ul style="list-style-type: none"> <li>• <b>Peer Support Specialist</b></li> <li>• <b>Family Support Providers</b></li> <li>• <b>Missouri Recovery Support Peers in CSTAR programs</b></li> </ul> </li> <li>• <b>Psychiatric Rehabilitation</b> <ul style="list-style-type: none"> <li>• <b>CPR Program staff</b></li> <li>• <b>PSRC staff</b></li> </ul> </li> <li>• <b>Targeted Case Management</b> <ul style="list-style-type: none"> <li>• <b>Community Support Specialists/Case Managers</b></li> <li>• <b>Qualified Mental Health Professionals</b></li> <li>• <b>Credentialed SUD Professionals</b></li> </ul> </li> </ul> <p><b>2. The CCBHC's behavioral health services and staffing are appropriate to meeting the needs of the following populations of focus:</b></p> <ul style="list-style-type: none"> <li>• <b>Adults with severe disabling mental illness</b></li> <li>• <b>Children and adolescents with serious emotional disorders</b></li> <li>• <b>Children, adolescents, and adults with moderate to severe substance abuse</b></li> </ul>	<p>can be scheduled, and accreditation achieved]</p> <ol style="list-style-type: none"> <li>4. The organization is accredited by CARF or TJC as a Health Home for children, adolescents and adults.</li> <li>5. The organization is accredited by CARF as a Crisis and Information Call Center for children, adolescents and adults, or contracts with a DCO that is appropriately accredited by CARF.</li> <li>6. The organization is accredited by CARF to provide Crisis Intervention services for children, adolescents and adults or has been certified by DMH to provide crisis services</li> <li>7. The organization can provide the names and credentials of individuals who can prescribe and manage psychotropic medications and Medication Assisted Treatment.</li> <li>8. The organization can provide the names and credentials of its staff who are peer specialists and family support providers.</li> <li>9. If the organization operates a CSTAR program, the organization can provide the names and credential of its staff who are Missouri Recovery Support Peers.</li> <li>10. The organization documents that it employs, contracts</li> </ol>	
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	<p><b>disorders</b></p> <ul style="list-style-type: none"> <li>• <b>Children and adolescents in state custody</b></li> <li>• <b>Young adults with behavioral health issues identified as in need of treatment by the courts, law enforcement, community mental health liaisons, or emergency rooms.</b></li> <li>• <b>Members of the Armed Forces and Veterans</b></li> </ul> <p><b>3. The CCBHC directly provides, or contracts with a DCO to provide, General Adult, Adolescent and Women &amp; Children CSTAR Program services.</b></p> <p><b>4. The CCBHC shall be accredited by CARF and/or TJC to provide the following programs for children, adolescents and adults:</b></p> <ul style="list-style-type: none"> <li>• <b>CARF Outpatient Mental Health and Outpatient Alcohol and other Drugs/Addictions or Outpatient AOD/MH, or TJC Comprehensive Behavioral Health</b> <ul style="list-style-type: none"> <li>• <b>Provisional certification by DBH for Outpatient Mental Health and/or SUD (Level 3) services will be accepted in lieu of the required accreditation until an accreditation site visit can be scheduled, and accreditation achieved.</b></li> </ul> </li> <li>• <b>CARF or TCJ Health Home</b></li> </ul> <p><b>5. For Crisis Response, the CCBHC shall be:</b></p> <ul style="list-style-type: none"> <li>• <b>accredited by CARF as a Crisis Information and Call Center for children, adolescents and adults, or contract with a DCO that is accredited by CARF as a Crisis</b></li> </ul>	<p>with, professionals with expertise in the treatment of trauma.</p> <p>11. The organizations policies and procedures reflect a commitment to accessing needed specialized behavioral health services from other providers when current clinicians do not have the requisite expertise.</p> <p>12. As part of the application to be recognized as a CCBHC, the organization must identify the service area or service areas that they are applying to be recognized to serve, and demonstrate that they comply with all CCBHC certification criteria and requirements in each service area identified.</p>	
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	<p><i>Information and Call Center for children, adolescents, and adults; and</i></p> <ul style="list-style-type: none"> <li>• <i>either accredited by CARF to provide Crisis Intervention for children, adolescents, and adults, or certified to provide crisis services by DMH</i></li> </ul> <p>6. <i>The CCBHC is recognized by DMH as a CPRC and a CMHC Healthcare Home.</i></p> <p>7. <i>The CCBHC includes a medically trained behavioral health provider, either employed or through formal arrangement, who can prescribe and manage medications independently.</i></p> <p>8. <i>The CCBHC has individuals trained to provide Medically Assisted Treatment (MAT) for opioid and alcohol use disorders.</i></p> <ul style="list-style-type: none"> <li>• <i>DMH will provide training to assist individuals in becoming certified to provide MAT.</i></li> </ul> <p>9. <i>The CCBHC must be able to access professional treatment for consumers suffering the effects of trauma by employing, contracting with professionals with expertise in the treatment of trauma.</i></p> <p>10. <i>The CCBHC must be able to access specialized behavioral health services from other providers (e.g. treatment for sexual trauma, eating disorders, neurological testing, etc.) to meet the needs of consumers when the organization does not have the necessary expertise.</i></p> <p>11. <i>In order to be recognized as a CCBHC for a specific service area, an organization must</i></p>		
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	<i>provide all the required services, have all of its programs appropriately accredited, and comply with all other CCBHC certification requirements, in that service area.</i>		
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<b>Cultural Competence and other Training</b>			
<b>SAMHSA Criteria</b>	<b>Explanation/Interpretation</b>	<b>Documenting Compliance</b>	<b>Status</b>
<p><b>1.c.1</b> The CCBHC has a training plan for all employed and contract staff, and for providers at DCOs who have contact with CCBHC consumers or their families, which satisfies and includes requirements of the state behavioral health authority and any accreditation standards on training which may be required by the state. Training must address cultural competence; person-centered and family-centered, recovery-oriented, evidence-based and trauma-informed care; and primary care/behavioral health integration. This training, as well as training on the clinic's continuity of operations plan, occurs at orientation and thereafter at reasonable intervals as may be required by the state or accrediting agencies.</p> <p>At orientation and annually thereafter, the CCBHC provides training about: (1) risk assessment, suicide prevention and suicide response; (2) the roles of families and peers; and (3) such other trainings as may be required by the state or accrediting agency on an annual</p> <p>Cultural competency training addresses diversity within the organization's service population and, to the extent active duty military or veterans are being served, must include information related to military culture.</p> <p>Examples of cultural competency training and materials include, but are not limited to, those available through the website of the US Department of Health &amp; Human Services (DHHS), the SAMHSA website through the website of the DHHS, Office of Minority Health, or through the website of the DHHS, Health Resources and Services Administration.</p> <p><b>Note:</b> See criteria 4.K relating to cultural competency requirements in services for veterans.basis. If necessary, trainings may be provided on-line.</p>	<ol style="list-style-type: none"> <li>CARF and TJC accreditation address this issue. <b>CARF:</b> 1.A.5.a.(1),(2),(3); b. (1), (2), (3), (4), (5), (6), (7); c; 1.I.5. &amp; 2.A.22.a. <b>TJC:</b> HRM 01.03.01 EP1 – 6 &amp; 15, HRM 01.05.01 EP 1 -8 &amp; 10)</li> <li>DCOs are required to meet the same quality standards as CCBHCs, and CCBHCs have clinical, as well as fiscal, responsibility for the services provided by a DCO. Therefore, DCO staff who have contact with CCBHC consumers or their families should be subject to the same expectations regarding required training. Because DCOs are required to meet the same accreditation standards as CCBHCs for the services they provide, and because, as DMH contractors, they are subject to the same general training requirements as all other contractors, they will generally be subject to the same training requirements as CCBHC staff. However, CCBHCs should assure themselves that DCO staff are subject to appropriate training requirements.</li> </ol>	<ol style="list-style-type: none"> <li>The organization is accredited by CARF or TJC.</li> <li>The organization's contractual agreements with all DCOs include a provision requiring DCO staff having contact with CCBHC consumers or their families are subject to the same training requirements as CCBHC staff.</li> <li>The organization must submit a description of its orientation training for new staff, including a list of topics included, as part of its CCBHC application.</li> </ol>	
<p><b>1.c.2</b> The CCBHC assess the skills and competence of each individual furnishing services and, as necessary, provides in-service</p>	<p>CARF and TJC accreditation address this issue. <b>CARF:</b> 1.I.5.a.(1),(2); b.(1). &amp; 2.A.21.a-e.</p>	<p>The organization is accredited by CARF or TJC.</p>	

<p>training and education programs. The CCBHC has written policies and procedures describing its method(s) of assessing competency and maintains a written accounting of the in-service training provided during the previous 12 months.</p>	<p><b>TJC:</b> HRM 01.05.01 EP 1-8 &amp; 10; HRM 01.06.01 EP 1-6; LD.04.01.07 EP 1-2.</p>		
<p><b>1.c.3</b> The CCBHC documents in the staff personnel records that the training and demonstration of competency are successfully completed.</p>	<p>CARF and TJC accreditation address this issue.  <b>CARF:</b> 11.6.b.(1)(a), (b): (2).  <b>TJC:</b> HRM 01.02.01 EP 8, HRM 01.05.01 EP 1-3, HRM 01.06.01 EP 3 &amp; 5</p>	<p>The organization is accredited by CARF or TJC.</p>	
<p><b>1.c.4</b> Individuals providing staff training are qualified as evidenced by their education, training and experience.</p>		<p>Organizations must submit a description of their training plans, including a list of topics included and the qualifications of trainers, as part of their CCBHC application.</p>	
<p><b>1.d.1</b> If the CCBHC serves individuals with Limited English Proficiency (LEP) or with language-based disabilities, the CCBHC takes reasonable steps to provide meaningful access to their services.</p>	<p>CARF and TJC accreditation address this issue.  <b>CARF:</b> 2.A.22.  <b>TJC:</b> CTS 03.01.03, EP 18 &amp; 19; RI 01.01.03, EP 2.</p>	<p>The organization is accredited by CARF or TJC.</p>	

<b>Linguistic Competence and Confidentiality of Consumer Information</b>			
<b>SAMHSA Criteria</b>	<b>Explanation/Interpretation</b>	<b>Documenting Compliance</b>	<b>Status</b>
<p><b>1.d.2</b> Interpretation/translation service(s) are provided that are appropriate and timely for the size/needs of the LEP CCBHC consumer population (e.g., bilingual providers, onsite interpreters, language telephone line). To the extent interpreters are used, such translation service providers are trained to function in a medical and, preferably, a behavioral health setting.</p>	<p>CARF and TJC accreditation address this issue.  <b>CARF:</b> Though there is no specific standard regarding this issue, it is consistent with CARF standards.  <b>TJC:</b> RI 01.01.03, EP 2</p>	<p>The organization is accredited by CARF or TJC.</p>	
<p><b>1.d.3</b> Auxiliary aids and services are readily available, Americans With Disabilities Act (ADA) compliant, and responsive to the needs of consumers with disabilities (e.g., sign language interpreters, teletypewriter (TTY) lines).</p>	<p>CARF and TJC accreditation address this issue:  <b>CARF:</b> 1.L.1.a.(1) – (10);  <b>TJC:</b> RI 01.01.03, EP 2</p>	<p>The organization is accredited by CARF or TJC.</p>	
<p><b>1.d.4</b> Documents or messages vital to a consumer’s ability to access CCBHC services (for example, registration forms, sliding scale fee discount schedule, after-hours coverage, signage) are available for consumers in languages common in the community served, taking account of literacy levels and the need for alternative formats (for consumers with disabilities). Such materials are provided in a timely manner at intake. The requisite languages will be informed by the needs assessment prepared prior to certification, and as updated.</p>	<p>CARF and TJC accreditation address this issue:  <b>CARF:</b> 2.A.1.b.(1)(2) &amp; (6);  <b>TJC:</b> RI 01.01.03, EP1 – 3.</p>	<p>The organization is accredited by CARF or TJC.</p>	
<p><b>1.d.5</b> The CCBHC’s policies have explicit provisions for ensuring 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 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. The HIPAA Privacy Rule allows routine – and often critical – communications between health care providers and a consumer’s family and friends, so long as the consumer consents or does not object. If a consumer is amenable and has the capacity to make health care decisions, health care providers may communicate with a consumer’s family and friends.</p>	<p>CARF and TJC accreditation address this issue.  <b>CARF:</b> 1.E.1.c. &amp; 1.E.3.(a)-(d) &amp; 1.K.2.(a).  <b>TJC:</b> IM 02.01.01, EP 1-4 &amp; RI 01.02.01, EP 8.</p>	<p>The organization is accredited by CARF or TJC.</p>	

## AVAILABILITY AND ACCESSIBILITY OF SERVICES

### General Requirements of Access and Availability

SAMHSA Criteria	Explanation/Interpretation	Documenting Compliance	Status
<b>2.a.1</b> The CCBHC provides a safe, functional, clean, and welcoming environment, for consumers and staff, conducive to the provision of services identified in program requirement 4.	CARF and TJC accreditation address this issue. <b>CARF:</b> 1.H.1. <b>TJC:</b> EC 02.01.01, EP 1, 3,, 5, & 8; EC 02.06.01, EP 1, 4, 8, 9, 13, 19, 20, 24, 26	The organization is accredited by CARF or TJC.	
<b>2.a.2</b> The CCBHC provides outpatient clinical services during times that ensure accessibility and meet the needs of the consumer population to be served, including some nights and weekend hours.	CARF and TJC accreditation address this issue. <b>CARF:</b> 3.Q.4.(b). <b>TJC:</b> CTS 01.01.01, EP 6 & 10; CTS 04.01.07, EP 1-4.	1. The organization is accredited by CARF or TJC. 2. As part of its CCBHC application, the organization documents the services/programs that are available during evening and weekend hours, the hours they are available, and the bases for the decision to offer these particular services/programs/hours on evenings and weekends.	
<b>2.a.3</b> The CCBHC provides services at locations that ensure accessibility and meet the needs of the consumer population to be served	CARF and TJC accreditation address this issue. <b>CARF:</b> 3.Q.4.(a). <b>TJC:</b> LD 04.01.11, EP 2 – 3.	The organization is accredited by CARF or TJC	
<b>2.a.4</b> To the extent possible within the state Medicaid program or other funding or programs, the CCBHC provides transportation or transportation vouchers for consumers.	The state Medicaid program contracts with transportation providers to deliver transportation to medically necessary services. CCBHCs are expected to assist individuals in accessing Medicaid funded transportation to medically necessary services as needed.	As part of its CCBHC application, the organization describes the availability of Medicaid funded transportation in their service area and attests whether or not they assist individual's in accessing it.	
<b>2.a.5</b> To the extent possible within the state Medicaid program and as allowed by state law, CCBHCs utilize mobile in-home, telehealth/ telemedicine, and on-line treatment services to ensure consumers have access to all required services.	On-line treatment services are not currently included in the Medicaid state plan. As CPR providers, CCBHCs provide in-home services and support as appropriate. CCBHCs are expected to utilize telehealth/telemedicine as appropriate to improve efficient access to care and treatment.	As part of its CCBHC application, the organization describes its use of telehealth/telemedicine.	
<b>2.a.6</b> The CCBHC engages in outreach and engagement activities to assist consumers and families to access benefits, and formal or informal services to address behavioral health conditions and needs.	Participation in the DM 3700 initiative is evidence of the required outreach and engagement activities.	As part of their CCBHC application, organizations should indicate their participation in the DM 3700 initiative and briefly describe other outreach and engagement activities they regularly participate in.	
<b>2.a.7</b> Services are subject to all state standards for the provision	CARF and TJC accreditation address this issue.	The organization is accredited by CARF or TJC.	

of both voluntary and court-ordered services	<b>CARF:</b> 1.E.1.a.b. & e. <b>TJC:</b> LD 04.01.01, EP 2 & 3.		
<b>2.a.8</b> CCBHCs have in place a continuity of operations/disaster plan.	<b>CARF:</b> 1.H.5.a.(1)-(10) & 1.J.1.a.(7). <b>TJC:</b> EM 02.01.01, EP 2, 4, 5, & 6.	The organization is accredited by CARF or TJC.	

### Requirements For Timely Access To Services and Comprehensive Evaluation for New Consumers

SAMHSA Criteria	Explanation/Interpretation	Documenting Compliance	Status
<p><b>2.b.1</b> All new consumers requesting or being referred for behavioral health will, at the time of first contact, receive a preliminary screening and risk assessment to determine acuity of needs. That screening may occur telephonically. The preliminary screening will be followed by : (1) an initial evaluation, and (2) a comprehensive person-centered and family –centered diagnostic and treatment planning evaluation, with the components of each specified in program requirement 4. Each evaluation builds upon what came before it. Subject to more stringent state, federal, or applicable accreditation standards:</p> <ul style="list-style-type: none"> <li>• If the screening identifies an emergency/crisis need, appropriate action is taken immediately, including any necessary subsequent outpatient follow-up.</li> <li>• If the screening identifies an urgent need, clinical services are provided and the initial evaluation completed within one business day of the time the request is made.</li> <li>• If the screening identifies routine needs, services will be provided and the initial evaluation completed within 10 business days.</li> <li>• For those presenting with emergency or urgent needs, the initial evaluation may be conducted telephonically or by telehealth/telemedicine but an in-person evaluation is</li> </ul>	<ol style="list-style-type: none"> <li>1. This standard describes a three step process for assessing consumer needs. Subsequent standards and reporting requirements further define these steps and indicate specific documentation requirements related to these screening and evaluation steps.</li> <li>2. CCBHCs will determine whether the need for services is an emergency/crisis need, urgent, or routine, as well as the types of services required.</li> <li>3. CCBHCs will monitor the number (#) and percentage (%) of individuals with               <ol style="list-style-type: none"> <li>a. Urgent needs who began receiving required clinical services within 1 business day</li> <li>b. Routine needs who began receiving required clinical services within 10 business days</li> </ol> </li> <li>4. Comprehensive per-centered and family-centered diagnostic and treatment planning evaluations are to be completed within 60 calendar days of the first request of</li> </ol>	<ol style="list-style-type: none"> <li>1. The organization if capable of reporting the number (#) and percentage (%) of individuals requesting service who were determined to need urgent and routine care.</li> <li>2. The organization is capable of reporting the number and percentage of individuals with urgent needs who began receiving required clinical services within 1 business day, and the number and percentage of individuals with routine needs who began receiving required services within 10 business days.</li> <li>3. The organization is capable of reporting the mean number of days before comprehensive diagnostic and planning evaluations are completed.</li> <li>4. The organizations policies document that following the resolution of a crisis, if the individual continues in treatment, the next contact with individual involved should be face-to-face, and the individual's need for services and level of risk reassessed.</li> </ol>	

<p>preferred. If the initial evaluation is conducted telephonically, once the emergency is resolved the consumer must be seen in person at the next subsequent encounter and the initial evaluation reviewed. Subject to more stringent state, federal or applicable accreditation standards, all new consumers will receive a more comprehensive person-centered and family-centered diagnostic and treatment evaluation to be completed within 60 days of the first request for services. This requirement that the comprehensive evaluation be completed within 60 calendar days does not preclude either the initiation or completion of the comprehensive evaluation or the provision of treatment during the 60 day period.</p> <p><b>Note:</b> Requirements for these screening and evaluations are specified in criteria 4 D.</p>	<p>services.</p> <ul style="list-style-type: none"> <li>a. CCBHCs will monitor the number of days from first request for services to completion of the comprehensive evaluation.</li> </ul> <p>5. In part the intent of this criterion seems to be that when a crisis has been resolved without a face-to-face encounter then next contact with the individual involved should be face-to-face and the individual's need for services and level of risk assessed.</p> <ul style="list-style-type: none"> <li>a. <b><i>CCBHC Requirement: Following the resolution of a crisis, if the individual continues in treatment, the next contact with the individual involved should be face-to-face, and the individual's need for services and level of risk assessed.</i></b></li> </ul>		
<p>2.b2. The comprehensive person-centered and family-centered diagnostic and treatment planning evaluation is updated by the treatment team, 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. The assessment must be updated no less frequently than every 90 calendar days unless the state has established a standard that meets the expectation of quality care and that renders this time frame unworkable, or state, federal, or applicable accreditation standards are more stringent.</p>	<ul style="list-style-type: none"> <li>1. The comprehensive evaluation is updated with the cooperation of the consumer when changes in the consumer's status, responses to treatment or goal achievement have occurred, and at least every 90 days <b><i>for individuals with moderate or more serious impairment as determined by a DBH approved functional assessment (e.g. DLA-20).</i></b></li> <li>2. While engaging an individual PCP in updating the individual's comprehensive assessment is desirable, <b><i>informing the individual's PCP of any changes in the comprehensive evaluation, including updates to the DBH approved functional assessment, and inviting feedback from the PCP, constitutes compliance with this requirement.</i></b></li> </ul>	<ul style="list-style-type: none"> <li>1. The organization's policies document that each individual's comprehensive evaluation is updated with the cooperation of the consumer when changes in the consumer's status, responses to treatment, or goal achievement have occurred, and at least every 90 days for individuals with moderate or more serious impairment as determined by a DBH approved functional assessment (e.g. DLA 20).</li> <li>2. The organizations policies and procedures require that staff promote collaborative treatment planning by providing PCPs with all relevant assessment, evaluation and treatment plan information; seeking all relevant treatment and test results from PCPs; and inviting</li> </ul>	

		PCPs to participate in treatment planning.	
		3. The organization reports DBH approved functional assessment scores on a quarterly basis.	
<p><b>2b 3</b> Outpatient clinical services for established CCBHC consumers seeking an appointment for routine needs must be provided within 10 business days of the requested date for service, unless the state has established a standard that meets the expectation of quality care and that renders this time frame unworkable, or state, federal, or applicable accreditation standards are more stringent. If an established consumer presents with an emergency/crisis need, appropriate action is taken immediately, including any necessary subsequent outpatient follow-up. If an established consumer presents with an urgent need, clinical services are provided within one business day of the time the request is made.</p>	<ol style="list-style-type: none"> <li>1. CCBHCs will determine whether the need for service is an emergency urgent or routine, as well as the types of services required.</li> <li>2. CCBHCs monitor the number (#) and percentage (%) of individuals with <ol style="list-style-type: none"> <li>a. Urgent needs who began receiving required clinical services within 1 business day, and</li> <li>b. Routine needs for began receiving required clinical services within 10 business days.</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. The organization is capable of reporting the number (#) and percentage (%) of current consumers who were determined to need urgent and routine care.</li> <li>2. The organization is capable of reporting the number and percentage of current consumers with urgent needs who began receiving required clinical services within 1 business day, and the number and percentage of individuals with routine needs who began receiving required services within 10 business days.</li> </ol>	

<b>Access To Crisis Management Services</b>			
<b>SAMHSA Criteria</b>	<b>Explanation/Interpretation</b>	<b>Documenting Compliance</b>	<b>Status</b>
<b>2.c.1</b> In accordance with the requirements of program requirement 4, the CCBHC provides crisis management services that are available and accessible 24-hours a day and delivered within three hours.	<b><i>CCBHC Requirement: The CCBHC monitors, and is capable of reporting, the length of time from crisis contact to face-to-face interventions and takes steps to improve performance as necessary.</i></b>	The organization attests whether or not it is capable of monitoring and reporting length of time from crisis contact to face-to-face intervention as part of its CCBHC application.	
<b>2.c.2</b> The methods for providing a continuum of crisis prevention, response, and post-intervention services are clearly described in the policies and procedures of the CCBHC and are available to the public.	CARF and TJC accreditation address this issue. <b>CARF:</b> 2.A.20. <b>TJC:</b> 04.01.07 EP 1-2, & LD 04.02.03 EP 4.	The organization is accredited by CARF or TJC.	
<b>2.c.3</b> Individuals who are served by the CCBHC are educated about crisis management services and Psychiatric Advanced Directives and how to access crisis services, including suicide or crisis hotlines and warmlines, at the time of the initial evaluation. This includes individuals with LEP or disabilities (i.e., CCBHC provides instructions on how to access services in the appropriate methods, language(s), and literacy levels in accordance with program requirement 1).	CARF and TJC accreditation address this issue: <b>CARF:</b> 2.B.9.(1)(vi.) & 3. <b>TJC:</b> CTS 01.04.01. EP 1-3; CTS 04.01.07, EP 1,3, & 6; CTS 05.05.01, EP 1-2; CTS 05.06.01, EP 1-3.	The organization is accredited by CARF or TJC.	
<b>2.c.4</b> In accordance with the requirements of program requirement 3, CCBHCs maintain a working relationship with local Emergency Departments (EDs). Protocols are established for CCBHC staff to address the needs of CCBHC consumers in psychiatric crisis who come to those EDs.	CCBHCs policies and procedures specify the roles and responsibilities of CCBHC staff in serving CCBHC consumers who present in collaborating Emergency Departments.	Organizations provide a list of the collaborating EDs and a brief description of the collaboration as part of their CCBHC application.	
<b>2.c.5</b> Protocols, including protocols for the involvement of law enforcement, are in place to reduce delays for initiating services during and following a psychiatric crisis.  <b>Note:</b> See criterion 3.c.5 regarding specific care coordination requirements related to discharge from hospital or ED following a psychiatric crisis.		As part of their CCBHC application, organizations briefly describe the activities of Community Mental Health Liaisons, and other processes and protocols, such as the availability of same/next day appointments and relationships with law enforcement Crisis Intervention Teams, designed to increase access to services during and following a psychiatric crisis.	
<b>2.c.6</b> Following a psychiatric emergency or crisis involving a CCBHC consumer, in conjunction with the consumer, the CCBHC creates, maintains, and follows a crisis plan to prevent and de-	CARF and TJC accreditation address this issue. <b>CARF:</b> 2.C.4.(1), (2). B.(1)-(3), (4)(a),(b), (5); <b>TJC:</b> CTS 05.06.17, EP 1-4, CTS 05.06.31, EP 1-4	The organization is accredited by CARF or TJC.	

escalate future crisis situations, with the goal of preventing future crises for the consumer and their family.

**Note:** See criterion 3.a.4 where precautionary crisis planning is addressed

<b>No Refusal Of Services Due To Inability To Pay</b>			
<b>SAMHSA Criteria</b>	<b>Explanation/Interpretation</b>	<b>Documenting Compliance</b>	<b>Status</b>
<b>2.d.1</b> The CCBHC ensures: (1) no individuals are denied behavioral health care services, including but not limited to crisis management services, because of an individual's inability to pay for such services (PAMA § 223 (a)(2)(B)), and (2) any fees or payments required by the clinic for such services will be reduced or waived to enable the clinic to fulfill the assurance described in clause (1).		The organization attests that (1) no individual in the populations of focus will be denied behavioral health care services, including but not limited to crisis management services, because of an inability to pay for such services (PAMA § 223 (a)(2)(B)), and (2) any fees or payments required by the clinic for such services will be reduced or waived to enable the clinic to fulfill the assurance described in clause (1).	
<b>2.d.2</b> The CCBHC has a published sliding fee discount schedule(s) that includes all services the CCBHC proposes to offer pursuant to these criteria. Such that the fee schedule will be included on the CCBHC website, posted in the CCBHC waiting room and readily accessible to consumers and families. The sliding fee discount schedule is communicated in languages/formats appropriate for individuals seeking services who have LEP or disabilities		The organization employs the DMH standard means test.	
<b>2.d.3</b> The fee schedules, to the extent relevant, conform to state statutory or administrative requirements or to federal statutory or administrative requirements that may be applicable to existing clinics; absent applicable state or federal requirements, the schedule is based on locally prevailing rates or charges and includes reasonable costs of operation.		The organization employs the DMH standard means test.	
<b>2.d.4</b> The CCBHC has written policies and procedures describing eligibility for and implementation of the sliding fee discount schedule. Those policies are applied equally to all individuals seeking services.		The organization employs the DMH standard means test.	

Provision Of Services Regardless Of Residence			
SAMHSA Criteria	Explanation/Interpretation	Documenting Compliance	Status
<p><b>2.e.1</b> The CCBHC ensures no individual is denied behavioral health care services, including but not limited to crisis management services, because of place of residence or homelessness or lack of a permanent address.</p>		<p>The organization's policies provide that no individual will be denied services due to place of residence or homelessness.</p>	
<p><b>2.e.2</b> CCBHCs have protocols addressing the needs of consumers who do not live close to a CCBHC or within the CCBHC catchment area as established by the state. CCBHCs are responsible for providing, at a minimum, crisis response, evaluation, and stabilization services regardless of place of residence. The required protocols should address management of the individual's on-going treatment needs beyond that. Protocols may provide for agreements with clinics in other localities, allowing CCBHCs to refer and track consumers seeking non-crisis services to the CCBHC or other clinic serving the consumer's county of residence. For distant consumers within the CCBHC's catchment area, CCBHCs should consider use of telehealth/telemedicine to the extent practicable. In no circumstances (and in accordance with PAMA § 223 (a)(2)(B)), may any consumer be refused services because of place of residence.</p>		<p>As part of its CCBHC application, the organization documents that it has agreements with Administrative Agents serving adjacent service areas to accept referral of individuals from the Administrative Agent's service who presented in crisis and have been stabilized for continued care.</p>	

## CARE COORDINATION

### General Requirements Of Care Coordination

SAMHSA Criteria	Explanation/Interpretation	Documenting Compliance	Status
<p><b>3.a.1</b> 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.</p> <p><b>Note:</b> See criteria 4.K relating to care coordination requirements for veterans.</p>	<p>Because CCBHCs are required to be recognized as CMHC Healthcare Homes and CPR programs, and are recognized as, or have contracts with DCOs to provide, CSTAR programs; CCBHCs will be in compliance with this criterion for the populations of focus.</p>	<p>The organization is in compliance with CMHC Healthcare Home and CPR Program requirements, and provides, or contracts with DCOs to provide, CSTAR programs.</p>	
<p><b>3.a.2</b> 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.</p>	<p>CARF and TJC accreditation address this issue.  <b>CARF:</b> 1.E.3. a-e. &amp; 1.K.2.a.(1), (2) e. (1)(2);  <b>TJC:</b> IM 02.01.01, EP 1-5, IM 02.01.03, EP 1-8, &amp; RI 01.02.01, EP 1, 6-8.</p>	<p>The organization is accredited by CARF or TJC.</p>	
<p><b>3.a.3</b> Consistent with requirements of privacy, confidentiality, and</p>		<p>The organization’s policies and procedures include a</p>	

<p>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.</p>		<p>requirement that when an individual in the populations of focus is referred to external providers or resources, staff confirm that the appointment was kept.</p>	
<p><b>3.a.4</b> 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.</p>	<p>CARF and TJC accreditation address these issues.  <b>CARF:</b> 1.K.2.e.(1)(2);  <b>TJC:</b> CTS 03.01.03 EP 1,4,6,20,22 &amp; RI 01.02.01 EP 1, 6, 7.  <b>CARF:</b> 2.C.4.a.(1)(2) b.(1)-(5);  <b>TJC:</b> CTS 01.04.01, EP1-3 &amp; RI 01.05.01, EP 1,4,6,8,10, &amp;11.</p>	<p>The organization is accredited by CARF or TJC.</p>	
<p><b>3.a.5</b> 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.</p>	<p>CARF and TJC accreditation address this issue.  <b>CARF:</b> 2.E.4.a.(1)-(5);  <b>TJC:</b> NPSG 03.06.01, EP 1-5; &amp; RI 01.04.03, EP 5.</p>	<p>The organization is accredited by CARF or TJC.</p>	
<p><b>3.a.6</b> Nothing about a CCBHC’s agreements for care coordination should limit a consumer’s freedom to choose their provider with the CCBHC or its DCOs.</p>	<p>CARF and TJC accreditation address this issue.  <b>CARF</b> 1.K.2.e.(1)&amp;(2);  <b>TJC</b> RI 01.02.01, EP 33, &amp; RI 01.04.03, EP 3 &amp;6.</p>	<p>The organization is accredited by CARF or TJC.</p>	

### Care Coordination And Other Health Information Systems

SAMHSA Criteria	Explanation/Interpretation	Documenting Compliance	Status
<p><b>3.b.1</b> The CCBHC establishes or maintains a health information technology (IT) system that includes, but is not limited to, electronic health records. The health IT system has the capability to capture structured information in consumer records (including demographic information, diagnoses, and medication lists), provide clinical decision support, and electronically transmit prescriptions to the pharmacy. To the extent possible, the CCBHC will use the health IT system to report on data and quality measures as required by program requirement 5.</p>		<p>The organization attests that their information systems comply with these requirements as part of the application process.</p>	
<p><b>3.b.2</b> The CCBHC uses its existing or newly established health IT system to conduct activities such as population health management, quality improvement, reducing disparities, and for research and outreach.</p>	<p>CARF and TJC accreditation address this issue.  <b>CARF</b> 1.J.1.b.(1)(2) &amp; For Health Homes 3.I.19.b.(1)-(4)  <b>TJC</b> IM 01.01.01, EP 6; PL 01.01.01, EP 1-3, 14-16, 27, 30, 40-43; and PL 02.01.01 EP 4, 5, 8, &amp;9.</p>	<p>The organization is accredited by CARF or TJC.</p>	
<p><b>3.b.3</b> If the CCBHC is establishing a health IT system, the system will have the capability to capture structured information in the health IT system (including demographic information, problem lists, and medication lists). CCBHCs establishing a health IT system will adopt a product certified to meet requirements in 3.b.1, to send and receive the full common data set for all summary of care records and be certified to support capabilities including transitions of care and privacy and security. CCBHCs establishing health IT systems will adopt a health IT system that is certified 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.</p>		<p>New IT systems achieve Meaningful Use certification (?)</p>	
<p><b>3.b.4</b> The CCBHC will work with DCOs to ensure all steps are taken, including obtaining consumer consent, to comply with privacy and confidentiality requirements, including but 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</p>	<p>CARF and TJC accreditation address this issue.  <b>CARF</b> 2.G.1.a.b.(1);  <b>TJC</b> IM 02.01.01, EP 1-5; IM 02.01.03, EP1-8.</p>	<p>The organization is accredited by CARF or TJC.</p>	

<p>to the care of minors.</p>			
<p><b>3.b.5</b> Whether a CCBHC has an existing health IT system, or is establishing a new health IT system, the CCBHC will develop a plan to be produced within the two-year demonstration program time frame to focus on ways to improve care coordination between the CCBHC and all DCOs using a health IT system. This plan shall include information on how the CCBHC can support electronic health information exchange to improve care transition to and from the CCBHC using the health IT system they have in place or are implementing for transitions of care.</p>	<p>This requirement applies to the demonstration period, not to the recognition of CCBHCs prior to the demonstration period.</p>		

**Care Coordination Agreements**

SAMHSA Criteria	SAMHSA Clarification	Explanation/Interpretation	Documenting Compliance	Status
<p><b>3.c.1</b> The CCBHC has an agreement establishing care coordination expectations with Federally-Qualified Health Centers (FQHCs) (and, as applicable, Rural Health Clinics [RHCs]) to provide health care services, to the extent the services are not provided directly through the CCBHC. For consumers who are served by other primary care providers, including but not limited to FQHC Look-Alikes and Community Health Centers, the CCBHC has established protocols to ensure adequate care coordination.</p> <p><b>Note:</b> If an agreement cannot be established with a FQHC or, as applicable, an RHC (e.g., a provider does not exist in their service area), or cannot be established within the time frame of the demonstration project, justification is provided to the certifying body and contingency plans are established with other providers offering similar services (e.g., primary care, preventive services, other medical care services).</p> <p><b>Note:</b> CCBHCs are expected to work toward formal contracts with entities with which they coordinate care if they are not established at the beginning of the demonstration project.</p>	<p><i>CCBHCs are expected to work toward formal agreements (contract, Memorandum of Agreement or Memorandum of Understanding) during the time of the demonstration project 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.</i></p>	<ol style="list-style-type: none"> <li>1. The intent of this criterion seems to be, in part, that all CCBHC consumers have access to health services and that the CCBHC coordinates care with each individual's PCP.               <ol style="list-style-type: none"> <li>a. <b>CCBHC Requirement: For all individuals in the populations of focus, CCBHC's inquire whether they have a Primary Care Provider (PCP), assist individuals who do not have a PCP to acquire one, and establish policies and procedures that promote and describe the coordination of care with each individual's PCP.</b></li> </ol> </li>   <li>2. Although FQHCs and RHCs will often be, or be available to become, the PCP for CCBHC consumers, it is not necessary for all CCBHC consumers to have FQHC or RHC PCPs. Written agreements can be helpful in clarifying roles and responsibilities, and preventing gaps in coordination, and are, therefore, often desirable; but developing collaborative working relationships with PCPs is essential to care coordination. CCBHCs should, at least, seek informal care coordination agreements with FQHCs/RHCs as appropriate.               <ol style="list-style-type: none"> <li>a. <b>CCBHC Requirement: Prior to certification, CCBHCs should seek informal agreements (e.g. letters of support, agreement or</b></li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. The organization documents in each client record the name of the PCP of individuals in the populations of focus, or that they are assisting an individual in acquiring a PCP, or that the individual refuses to provide the name of their PCP.</li>   <li>2. The organization's policies and procedures require that staff collaborate with PCPs by inviting PCPs to participate in collaborative treatment planning; providing PCPs with all relevant assessment, evaluation and treatment plan information; and seeking all relevant treatment and test results from PCPs.</li>   <li>3. As part of its CCBHC application, the organization provides copies of formal or informal agreements (letters of support, etc.)</li> </ol>	

		<p><b>commitment) regarding care coordination from FQHCs and RHCs serving CCBHC consumers.</b></p>	<p>regarding care coordination from FQHCs and RHCs serving CCBHC consumers; or, either notes that no CCBHCs have FQHC/ RHC PCPs, or explains the circumstances under which informal agreements were sought but have not been forthcoming.</p>	
<p><b>3.c.2</b> The CCBHC has an agreement establishing care coordination expectations with programs that can provide inpatient psychiatric treatment, with ambulatory and medical detoxification, post-detoxification step-down services, and residential programs to provide those services for CCBHC consumers. The CCHBC is able to track when consumers are admitted to facilities providing the services listed above, as well as when they are discharged, unless there is a formal transfer of care to a non- CCBHC entity. The CCBHC has established protocols and procedures for transitioning individuals from EDs, inpatient psychiatric, detoxification, and residential settings to a safe community setting. This includes transfer of medical records of services received (e.g., prescriptions), active follow-up after discharge and, as appropriate, a plan for suicide prevention and safety, and provision for peer services.</p> <p><b>Note:</b> For these services, if an agreement cannot be established, or cannot be established within the time frame of the demonstration project, justification is provided and contingency plans are developed and the state will make a determination whether the contingency plans are sufficient or require further</p>	<p><i>CCBHCs are expected to work toward formal agreements (contract, Memorandum of Agreement or Memorandum of Understanding) during the time of the demonstration project 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</i></p>	<p>1. Written agreements can be helpful in clarifying roles and responsibilities, and preventing gaps in coordination, and are, therefore, often desirable; but developing collaborative working relationships with PCPs is essential to care coordination. CCBHCs should, at least, seek informal agreements regarding care coordination with these programs</p> <p>a. <b><i>CCBHC Requirement: The CCBHC establishes collaborative working relationships, and prior to certification seeks informal agreements, to promote care coordination with programs that can provide inpatient psychiatric treatment, with ambulatory and medical detoxification, post-detoxification step-down services, and residential</i></b></p>	<p>1. As part of their CCBHC application, the organization lists programs that can provide inpatient psychiatric treatment, with ambulatory and medical detoxification, post-detoxification step-down services, and residential programs with which it has established collaborative relationships to promote care coordination.</p> <p>2. As part of its CCBHC application, the organization provides copies of formal or informal agreements</p>	

<p>efforts.</p>		<p><b>programs.</b></p> <p>b. <b>CCBHC Requirement:</b> Because they are also CPR Programs and CMHC Healthcare Homes, CCBHCs have the ability, and are required, to track Medicaid hospital and emergency room admissions and discharges, and to transition individuals to a safe community setting, including active follow up after discharge, and as appropriate, a plan for suicide prevention and safety and provision of peer services. CCBHCs should make, and document, reasonable attempts to track admissions and discharges of other consumers and other settings and to provide appropriate transition to safe community settings.</p>	<p>(letters of support, etc.) regarding care coordination with such programs; or explains the circumstances under which informal agreements were sought but have not been forthcoming.</p> <p>3. The organization is recognized by DMH as a CPR Program and a CMHC Healthcare Home.</p> <p>4. The organizations policies and procedures require that it makes, and documents, reasonable attempts to track admissions and discharges of non-Medicaid consumers to a variety of settings, and to provide appropriate transitions to safe community settings.</p>	
<p><b>3.c.3</b> The CCBHC has an agreement establishing care coordination expectations with a variety of community or regional services, supports, and providers.</p> <p>Services and supports to collaborate with which are identified by statute include:</p> <ul style="list-style-type: none"> <li>• Schools;</li> <li>• Child welfare agencies;</li> <li>• Juvenile and criminal justice agencies and facilities</li> </ul>	<p><i>CCBHCs are expected to work toward formal agreements (contract, Memorandum of Agreement or Memorandum of Understanding) during the time of the demonstration project 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'</i></p>	<p>1. <b>CCBHC Requirement:</b> The CCBHC establishes collaborative working relationships, and prior to certification seeks informal agreements, to promote care coordination with a variety of community or regional services, supports, and providers, including schools, child welfare agencies, juvenile and criminal justice agencies and facilities (including drug, mental health, veterans and other</p>	<p>1. As part of their CCBHC application, the organization lists the community and regional services, supports and providers with which it has established collaborative relationships to</p>	

<p>(including drug, mental health, veterans and other specialty courts);</p> <ul style="list-style-type: none"> <li>• Indian Health Service youth regional treatment centers;</li> <li>• State licensed and nationally accredited child placing agencies for therapeutic foster care service; and</li> <li>• Other social and human services.</li> </ul> <p>The CCBHC has, to the extent necessary given the population served and the needs of individual consumers, an agreement with such other community or regional services, supports, and providers as may be necessary, such as the following:</p> <ul style="list-style-type: none"> <li>• Specialty providers of medications for treatment of opioid and alcohol dependence;</li> <li>• Suicide/crisis hotlines and warmlines;</li> <li>• Indian Health Service or other tribal programs;</li> <li>• Homeless shelters;</li> <li>• Housing agencies;</li> <li>• Employment services systems;</li> <li>• 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).</li> </ul> <p>1. <b>Note:</b> For these services, if an agreement cannot be established, or cannot be established within the time frame of the demonstration project, justification is provided and contingency plans are developed and the state will make a determination whether the contingency plans are sufficient or require further efforts.</p>	<p><i>mutual expectations and responsibilities related to care coordination.</i></p>	<p><i>specialty courts), Indian Health Service youth residential treatment centers, state licensed and nationally accredited child placing agencies for therapeutic foster care, and other social and human services.</i></p> <p>2. <b><i>CCBHC Requirement:</i></b> <i>The CCBHC establishes collaborative working relationships, and prior to certification seeks informal agreements, with such other community or regional services, supports, and providers as may be necessary given the population served and the needs of individual consumers.</i></p>	<p>promote care coordination.</p> <p>2. As part of its CCBHC application, the organization provides copies of formal or informal agreements (letters of support, etc.) regarding care coordination from key community and regional services, supports and providers; or explains the circumstances under which informal agreements were sought but have not been forthcoming.</p> <p>3. The organizations policies and procedures require that staff seek to develop collaborative working relationships with community and regional services, supports, and providers, as may be necessary to meet the need of individual consumers.</p>	
<p><b>3.c.4</b> The CCBHC has an agreement establishing care</p>				

<p>coordination expectations with the nearest Department of Veterans Affairs’ medical center, independent clinic, drop-in center, or other facility of the Department. To the extent multiple Department facilities of different types are located nearby, the CCBHC should explore care coordination agreements with facilities of each type.</p> <p><b>Note:</b> For these services, if an agreement cannot be established, or cannot be established within the time frame of the demonstration project, justification is provided and contingency plans are developed and the state will make a determination whether the contingency plans are sufficient or require further efforts.</p>				
<p><b>3.c.5</b> The CCBHC has an agreement establishing care coordination expectations with inpatient acute-care hospitals, including emergency departments, hospital outpatient clinics, urgent care centers, residential crisis settings, medical detoxification inpatient facilities and ambulatory detoxification providers, in the area served by the CCBHC, to address the needs of CCBHC consumers. This includes procedures and services, such as peer bridgers, to help transition individuals from the ED or hospital to CCBHC care and shortened time lag between assessment and treatment. The agreement is such that the CCBHC can track when their consumers are admitted to facilities providing the services listed above, as well as when they are discharged, unless there is a formal transfer of care to another entity. The agreement also provides for transfer of medical records of services received (e.g., prescriptions) and active follow-up after discharge.</p> <p>The CCBHC will make and document reasonable attempts to contact all CCBHC consumers who are discharged from these settings within 24 hours of discharge. For all CCBHC consumers being discharged from such facilities who presented to the facilities as a potential suicide risk, the care coordination agreement between these facilities and the CCBHC includes a requirement to coordinate consent and follow-up services with the</p>	<p><i>CCBHCs are expected to work toward formal agreements (contract, Memorandum of Agreement or Memorandum of Understanding) during the time of the demonstration project 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.</i></p>	<p>1. Written agreements can be helpful in clarifying roles and responsibilities, and preventing gaps in coordination, and are, therefore, often desirable; but developing collaborative working relationships with PCPs is essential to care coordination. CCBHCs should, at least, seek informal agreements regarding care coordination with these programs.</p> <p><b>a. <u>CCBHC Requirement:</u> The CCBHC establishes collaborative working relationships, and prior to certification seeks informal agreements, to promote care coordination with inpatient acute-care hospitals, including emergency departments, hospital outpatient clinics, urgent care centers, residential crisis settings, medical detoxification inpatient facilities and ambulatory detoxification providers, in the area served by the CCBHC.</b></p>	<p>1. As part of their CCBHC application, the organization lists inpatient acute-care hospitals, including emergency departments, hospital outpatient clinics, urgent care centers, residential crisis settings, medical detoxification inpatient facilities and ambulatory detoxification with which it has established collaborative relationships to promote care coordination.</p> <p>2. As part of its CCBHC application, the organization provides copies of formal or informal agreements</p>	

<p>consumer within 24 hours of discharge, and continues until the individual is linked to services or assessed to be no longer at risk.</p> <p><b>Note:</b> For these services, if an agreement cannot be established, or cannot be established within the time frame of the demonstration project, justification is provided and contingency plans are developed and the state will make a determination whether the contingency plans are sufficient or require further efforts.</p>		<p>b. <b><u>CCBHC Requirement:</u></b> Because they are also CPR Programs and CMHC Healthcare Homes, CCBHCs have the ability, and are required, to track Medicaid hospital and emergency room admissions and discharges, and to transition individuals to a safe community setting, including active follow up after discharge, and as appropriate, a plan for suicide prevention and safety and provision of peer services. CCBHCs should make, and document, reasonable attempts to track admissions and discharges of other consumers and other settings and to provide appropriate transition to safe community settings.</p> <p>c. <b><u>CCBHC Requirement:</u></b> Because they are also CPR Programs and CMHC Healthcare Homes, CCBHCs will be required to follow up within 72 after Medicaid hospital discharges. CCBHCs should make, and document, reasonable attempts to follow up within 24 hours following hospital discharge.</p>	<p>(letters of support, etc.) regarding care coordination with such programs; or explains the circumstances under which informal agreements were sought but have not been forthcoming.</p> <p>3. The organization is recognized by DMH as a CPR Program and a CMHC Healthcare Home.</p> <p>4. The organizations policies and procedures require that it makes, and documents, reasonable attempts to follow up within 24 hours following hospital discharge.</p>	
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Treatment Team, Treatment Planning And Care Coordination Activities			
SAMHSA Criteria	Explanation/Interpretation	Documenting Compliance	Status
<p><b>3.d.1</b> The CCBHC treatment team includes the consumer, the family/caregiver of child consumers, the adult consumer's family to the extent the consumer does not object, and any other person the consumer chooses. All treatment planning and care coordination activities are person-centered and family-centered and aligned with the 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. The HIPAA Privacy Rule does not cut off all communication between health care professionals and the families and friends of consumers. As long as the consumer consents, health care professionals covered by HIPAA may provide information to a consumer's family, friends, or anyone else identified by a consumer as involved in their care.</p>	<p>CARF and TJC accreditation address these issues.  <b>CARF</b> 2.C.1.(1)(2) &amp; 2 G.1. <b>TJC:</b> CTS 02.03.01, EP 1-4, CTS 03.01.01, EP 1-4, 12, &amp; 13, CTS 03.01.03, EP 1-6, 17-22, CTS 03.01.05, EP 1-3.</p>	<p>The organization is accredited by CARF or TJC.</p>	
<p><b>3.d.2</b> As appropriate for the individual's needs, the CCBHC designates an interdisciplinary treatment team that is responsible, with the consumer or family/caregiver, for directing, coordinating, and managing care and services for the consumer. The interdisciplinary team is composed of individuals who work together to coordinate the medical, psychosocial, emotional, therapeutic, and recovery support needs of CCBHC consumers, including, as appropriate, traditional approaches to care for consumers who may be American Indian or Alaska Native.</p> <p><b>Note:</b> See criteria 4.K relating to required treatment planning services for veterans.</p>	<p>CARF and TJC accreditation address these issues.  <b>CARF:</b> 2.A.23.a – j. <b>TJC</b> CTS 03.01.01, EP 2, CTS 04.02.27, EP 1 – 5.</p>	<p>The organization is accredited by CARF or TJC.</p>	
<p><b>3.d.3</b> The CCBHC coordinates care and services provided by DCOs in accordance with the current treatment plan.</p> <p><b>Note:</b> See program requirement 4 related to scope of service and person-centered and family-centered treatment planning.</p>		<p>The organizations contractual agreements with all DCOs provide that the CCBHC coordinates care and services by the DCO in accordance with the current treatment plan.</p>	

## SCOPE OF SERVICES

### General Service Provisions

SAMHSA Criteria	Explanation/Interpretation	Documenting Compliance	Status
<p><b>4.a.1</b> CCBHCs are responsible for the provision of all care specified in PAMA, including, as more explicitly provided and more clearly defined below in criteria 4.B through 4.K, crisis services; screening, assessment and diagnosis; person-centered treatment planning; outpatient behavioral health services; outpatient primary care screening and monitoring; targeted case management; psychiatric rehabilitation; peer and family supports; and intensive community-based outpatient behavioral health care for members of the US Armed Forces and veterans. As provided in criteria 4.B through 4.K, many of these services may be provided either directly by the CCBHC or through formal relationships with other providers that are DCOs. <b>Whether directly supplied by the CCBHC or by a DCO, the CCBHC is ultimately clinically responsible for all care provided.</b> The decision as to the scope of services to be provided directly by the CCBHC, as determined by the state and clinics as part of certification, reflects the CCBHC's responsibility and accountability for the clinical care of the consumers. Despite this flexibility, it is expected CCBHCs will be designed so most services are provided by the CCBHC rather than by DCOs, as this will enhance the ability of the CCBHC to coordinate services.</p> <p><b>Note:</b> See CMS PPS guidance regarding payment.</p>	<ol style="list-style-type: none"> <li>1. <b><i>CCBHC Requirement: With the exception of 24-hour crisis line and mobile response team services which may be provided through a DCO contract with an accredited provider, CCBHCs must directly provide each of the nine services required by PAMA:</i></b> <ol style="list-style-type: none"> <li>a. <b><i>Crisis mental health services</i></b></li> <li>b. <b><i>Screening, assessment, and diagnosis including risk assessment</i></b></li> <li>c. <b><i>Patient-centered treatment, including risk assessment and crisis planning</i></b></li> <li>d. <b><i>Outpatient mental health and substance use services</i></b></li> <li>e. <b><i>Outpatient clinic primary care screening and monitoring of key health indicators and health risk</i></b></li> <li>f. <b><i>Targeted case management</i></b></li> <li>g. <b><i>Psychiatric rehabilitation services</i></b></li> <li>h. <b><i>Peer support and counselor services and family supports</i></b></li> <li>i. <b><i>Intensive, community-based mental health care for members of the armed forces and veterans</i></b></li> </ol> </li> <li>2. CCBHCs will necessarily contract with Designated Collaborating Organizations (DCOs) to provide some services and supports. This criterion indicates that CMS will hold CCBHCs responsible for assuring that the contracted DCO services and supports comply with all of the SAMHSA certification criteria, as well as other CMS requirements.</li> <li>3. DMH will develop a model CCBHC/DCO contract designed to highlight all of the elements that should be</li> </ol>	<ol style="list-style-type: none"> <li>1. With the exception of 24-hour crisis line and mobile response team services which may be provided through a DCO contract with an accredited provider, the organization demonstrates that it has the capacity to directly provide each of the required services as part of its CCBHC application.</li> <li>2. The organization's contracts with DCOs include all of the elements required to comply with the SAMHSA certification criteria.</li> </ol>	

	included in the contract to assure compliance with the SAMHSA certification criteria.		
<b>4.a.2</b> The CCBHC ensures all CCBHC services, if not available directly through the CCBHC, are provided through a DCO, consistent with the consumer's freedom to choose providers within the CCBHC and its DCOs. This requirement does not preclude the use of referrals outside the CCBHC or DCO if a needed specialty service is unavailable through the CCBHC or DCO entities.		The organization's contracts with DCOs include all of the elements required to comply with the SAMHSA certification criteria.	
<b>4.a.3</b> With regard to either CCBHC or DCO services, consumers will have access to the CCBHC's existing grievance procedures, which must satisfy the minimum requirements of Medicaid and other grievance requirements such as those that may be mandated by relevant accrediting entities.		The organization's contracts with DCOs include all of the elements required to comply with the SAMHSA certification criteria.	
<b>4.a.5</b> The entities with which the CCBHC coordinates care and all DCOs, taken in conjunction with the CCBHC itself, satisfy the mandatory aspects of these criteria.			

<b>Person-Centered and Family Centered Care</b>			
<b>SAMHSA Criteria</b>	<b>Explanation/Interpretation</b>	<b>Documenting Compliance</b>	<b>Status</b>
<p><b>4.b.1</b> The CCBHC ensures all CCBHC services, including those supplied by its DCOs, are provided in a manner aligned with the requirements of Section 2402(a) of the Affordable Care Act, reflecting person and family-centered, recovery-oriented care, being respectful of the individual consumer’s needs, preferences, and values, and ensuring both consumer involvement and self-direction of services received. Services for children and youth are family-centered, youth- guided, and developmentally appropriate.</p> <p><b>Note:</b> See program requirement 3 regarding coordination of services and treatment planning. See criteria 4.K relating specifically to requirements for services for veterans.</p>	<p>CARF and TJC accreditation address this issue.  <b>CARF</b> 1.E.1.a.b., 2.A.11.a, 1.K.2.e.. &amp; 4.B.2.a-d. <b>TJC</b> CTS 03.01.01, EP 1-4, 12 &amp; 13, CTS 03.01.03, EP 1-6, &amp; 17-22, CTS 03.01.05, EP 1-3, &amp; RI 01.02.01, EP1,3,6,20 &amp; 32.</p>	<ol style="list-style-type: none"> <li>1. The organization is accredited by CARF or TJC.</li> <li>2. The organization’s contracts with DCOs include all of the elements required to comply with the SAMHSA certification criteria.</li> </ol>	
<p><b>4.b.2</b> Person-centered and family-centered care includes care which recognizes the particular cultural and other needs of the individual. This includes but is not limited to services for consumers who are American Indian or Alaska Native (AI/AN), for whom access to traditional approaches or medicines may be part of CCBHC services. For consumers who are AI/AN, these services may be provided either directly or by formal arrangement with tribal providers.</p>	<p>CARF and TCJ accreditation address this issue.  <b>CARF</b> 2.B.14.m.(3)(4). <b>TJC</b> RI 01.01.01, EP 4 &amp; 6.</p>	<p>The organization is accredited by CARF or TJC.</p>	

**Crisis Behavioral Health Services**

SAMHSA Criteria	SAMHSA Clarification	Explanation/Interpretation	Documenting Compliance	Status
<p><b>4.c.1</b> Unless there is an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services that dictates otherwise, the CCBHC will directly provide robust and timely crisis behavioral health services. Whether provided directly by the CCBHC or by a state-sanctioned alternative acting as a DCO, available services must include the following:</p> <ul style="list-style-type: none"> <li>• 24 hour mobile crisis teams,</li> <li>• Emergency crisis intervention services, and</li> <li>• Crisis stabilization.</li> <li>•</li> </ul> <p>PAMA requires provision of these three crisis behavioral health services. As part of the certification process, the states will clearly define each term as they are using it but services provided must include suicide crisis response and services capable of addressing crises related to substance abuse and intoxication, including ambulatory and medical detoxification. States may elect to require the employment of peers on crisis teams. CCBHCs will have an established protocol specifying the role of law enforcement during the provision of crisis services.</p> <p><b>Note:</b> See program requirement 2 related to crisis prevention, response and post-intervention services and criterion 3.c.5 regarding coordination of services and treatment planning, including after discharge from a hospital or ED following a psychiatric crisis.</p>	<p><i>The revised ASAM criteria list five levels of Withdrawal Management for Adults. It is a requirement that the CCBHC will have the first four available and accessible to the person experiencing a crisis at the time of the crisis. These four include:</i></p> <ol style="list-style-type: none"> <li><i>1. 1-WM – Mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery. The CCBHC must directly provide 1-WM.</i></li> <li><i>2. 2-WM – Moderate withdrawal with all day withdrawal management supports and supervision; at night has supportive family or living situation, likely to complete withdrawal management. The CCBHC is encouraged to directly provide 2-WM. While the CCBHC must have the 2-WM level of ambulatory withdrawal management available and accessible to eligible consumers, it is not a requirement that this service be provided directly, although it is encouraged.</i></li> </ol>	<p><b>CCBHC Requirements:</b></p> <ol style="list-style-type: none"> <li><b>1. Definitions:</b> <ol style="list-style-type: none"> <li><b>a. “24 hour mobile crisis teams” means ‘mobile crisis response teams’ as defined and described in the DBH Access/Crisis Intervention (ACI) certification standards”.</b></li> <li><b>b. “Emergency services” means “crisis response services provided on-site at a CCBHC”.</b></li> <li><b>c. “Crisis stabilization” means “resolution of a crisis whether off-site by a mobile crisis response team or on-site at a CCBHC”.</b></li> </ol> </li> <li><b>2. The CCBHC shall</b> <ol style="list-style-type: none"> <li><b>a. Provide directly, or through contract with a DCO, a 24-hour staffed hotline</b></li> <li><b>b. Provide directly, or through contract with a DCO, 24-hour mobile crisis teams</b></li> <li><b>c. Employ QMHPs to provide clinic-based crisis intervention services</b></li> </ol> </li> <li><b>3. The CCBHC shall be:</b> <ol style="list-style-type: none"> <li><b>a. accredited by CARF as a</b></li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. The organization directly provides, or contracts with a DCO to provide, a 24 hour crisis line and 24 hour mobile crisis teams, and directly provides emergency services by a QMHP.</li> <li>2. The organization is accredited by CARF to provide Crisis Intervention services for children, adolescents and adults with mental health substance use disorders or has been certified by DBH to provide crisis services.</li> <li>3. If the organization contracts with a DCO to provide 24 hour mobile crisis teams, the DCO is accredited by CARF to provide Crisis Intervention services for children, adolescents and adults with mental health substance use disorders.</li> <li>4. If the organization directly provides a 24 hour crisis line, the organization is accredited by CARF to provide Crisis and Information Call Center services for children, adolescents and adults with mental health substance use disorders.</li> <li>5. If the organization contracts with a DCO to provide a 24 hour crisis line, the DCO is accredited by CARF to provide Crisis and Information Call Center services for children, adolescents and adults with mental health substance use disorders.</li> <li>6. The organization’s crisis response policies and procedures specify the role and</li> </ol>	

	<p>3. <i>3.2-WM – Moderate withdrawal, but needs 24 hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery. May be provided directly either by the CCBHC or through a DCO relationship or by referral.</i></p> <p>4. <i>3.7-WM – Severe withdrawal and needs 24 hour nursing care and physician visits as necessary; unlikely to complete withdrawal management without medical, nursing monitoring. May be provided directly either by the CCBHC or through a DCO relationship or by referral.</i></p>	<p><b><i>Crisis Information and Call Center for children, adolescents and adults, unless they contract with a DCO to provide a 24 hour crisis line and</i></b></p> <p><b><i>b. either accredited by CARF to provide Crisis Intervention for children, adolescents, and adults, or certified to provide crisis services by DMH</i></b></p> <p>4. <b><i>If the CCBHC contracts with a DCO to provide the 24 hour crisis line, the DCO must be accredited by CARF as a Crisis Information and Call Center for children, adolescents and adults.</i></b></p> <p>5. <b><i>If the CCBHC contracts with a DCO to provide the 24 hour mobile crisis teams, the DCO must be accredited by CARF to provide Crisis Intervention for children, adolescents, and adults.</i></b></p> <p>6. <b><u>SAMHSA requirement:</u></b></p> <p><b><i>a. The CCBHC must directly provide ASAM Level 1-WM: Mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery.</i></b></p> <p><b><i>b. The CCBHC is encouraged to directly provide , but must have at least a referral relationship to access ASAM Level 2-WM:</i></b></p>	<p>responsibilities of Community Mental Health Liaisons and local law enforcement.</p> <p>7. The organization directly provides ASAM Level1-WM services, or if the organization contracts with a DCO to provide crisis services, the DCO provides ASAM Level1-WM services.</p> <p>8. The organization provides or has a referral relationship to access ASAM Level 2-WM services, or if the organization contracts with a DCO to provide crisis services, the DCO provides or has a referral relationship to access ASAM Level2-WM services.</p> <p>9. The organization directly provides or has a referral relationship to access ASAM Level 3.2 (Social Setting Detox) services, or if the organization contracts with a DCO to provide crisis services, the DCO provides or has a referral relationship to access ASAM Level-3.2 WM services.</p> <p>10. The organization directly provides or has a referral relationship to access ASAM Level 3.7 (Modified Medical Detox) services, or if the organization contracts with a DCO to provide crisis services, the DCO provides or has a referral relationship to access ASAM Level-3.7 WM services.</p>	
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		<p><i>Moderate withdrawal with all day withdrawal management supports and supervision; at night has supportive family or living situation, likely to complete withdrawal management.</i></p> <p>c. <i><u>Either</u> the CCBHC directly provides, <u>or</u> has a contract with a DCO to provide, <u>or</u> has a referral relationship to access ASAM Level 3.2-WM (Social Setting Detox): Moderate withdrawal, but needs 24 hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery.</i></p> <p>d. <i><u>Either</u> the CCBHC directly provides, <u>or</u> has a contract with a DCO to provide, <u>or</u> has a referral relationship to access ASAM 3.7-WM (Modified Medical Detox): Severe withdrawal and needs 24 hour nursing care and physician visits as necessary; unlikely to complete withdrawal management without medical, nursing monitoring.</i></p> <p>7. <i><u>CCBHC Requirement</u>: CCBHC crisis response policies and procedures specify the role of BHH Community Mental Health Liaisons and local law enforcement.</i></p>		
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<b>Screening, Assessment, And Diagnosis</b>			
<b>SAMHSA Criteria</b>	<b>Explanation/Interpretation</b>	<b>Documenting Compliance</b>	<b>Status</b>
<p><b>4.d.1</b> The CCBHC directly provides screening, assessment, and diagnosis, including risk assessment, for behavioral health conditions. In the event specialized services outside the expertise of the CCBHC are required for purposes of screening, assessment or diagnosis (e.g., neurological testing, developmental testing and assessment, eating disorders), the CCBHC provides or refers them through formal relationships with other providers, or where necessary and appropriate, through use of telehealth/telemedicine services.</p> <p><b>Note:</b> See program requirement 3 regarding coordination of services and treatment planning.</p>	<p>CARF and TJC accreditation address the issue regarding referral to specialized services.  <b>CARF:</b> 2.B.5., 2.B.14.b.(1)(2)(3) &amp; 2.B.4.c.(1)(2)  <b>TJC:</b> CTS .04.01.01, EP 5&amp;6, EP 01.03.01, EP 3</p>	<ol style="list-style-type: none"> <li>1. The organization demonstrates that it has the capacity to directly provide screening, assessment, and diagnosis, including risk assessment, for behavioral health conditions, as part of its CCBHC application.</li> <li>2. The organization is accredited by CARF or TJC.</li> </ol>	
<p><b>4.d.2</b> Screening, assessment, and diagnosis are conducted in a time frame responsive to the individual consumer's needs and are of sufficient scope to assess the need for all services required to be provided by CCBHCs.</p>	<p>CARF and TCJ accreditation address this issue.  <b>CARF:</b> 2.B.14.a-u.  <b>TJC:</b> CTS 01.03.01, LD 1-3, CTS 02.01.03, EP 1-4, &amp; CTS 04.01.01, EP 8-9.</p>	<p>The organization is accredited by CARF or TJC.</p>	
<p><b>4.d.3</b> The initial evaluation (including information gathered as part of the preliminary screening and risk assessment), as required in program requirement 2, includes, at a minimum, (1) preliminary diagnoses; (2) the source of referral; (3) the 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 diagnosis for mental and substance use disorders; (5) a list of current prescriptions and over-the-counter medications, as well as other substances the 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); and (9) a determination of whether the person presently is or ever has been a member of the U.S. Armed Services. As needed, releases of information are obtained.</p>	<ol style="list-style-type: none"> <li>1. CARF and TJC accreditation address many of these requirements.  <b>CARF:</b> 2.B.11, &amp; 2.B.14.a-u.  <b>TJC:</b> CTS 01.01.01, EP 1 &amp; 3-5, CTS 01.03.01, EP 1-3, CTS 02.01.01, EP 1-3, CTS 02.01.03, EP 1-4, CTS 02.01.05, EP 1-5, CTS 02.02.01, EP 1-5, CTS 02.02.05, EP2-3, NPSG 03.06.01, EP 1-5.</li> <li>2. In order to assure that the need for medical care is assessed for all individuals in the populations of focus (as required by SAMHSA Certification Criteria 4.d.3(8)) CCBHCs must be recognized by DMH as meeting CPR, CSTAR, and CMHC Healthcare Home standards which all require assessment of the need for medical care.</li> </ol>	<ol style="list-style-type: none"> <li>1. The organization is accredited by CARF or TJC.</li> <li>2. The organizations policies and procedures require that during initial evaluations a determination must be made regarding whether the individual presently is, or ever has been a member of the U.S. Armed Forces; and this information is regularly reported to CIMOR and included in the individual's electronic health record.</li> <li>3. The organization is recognized as a CPR program, CMHC Healthcare Home, and either directly provides, or contracts with DCOs to provide, CSTAR programs.</li> </ol>	
<p><b>4.d.4</b> As required in program requirement 2, a comprehensive</p>	<ol style="list-style-type: none"> <li>1. Medicaid program standards covering three of the</li> </ol>	<p>The organization monitors and is capable of reporting the</p>	

<p>person- centered and family-centered diagnostic and treatment planning evaluation is completed within 60 days by licensed behavioral health professionals who, in conjunction with the consumer, are members of the treatment team, performing within their state’s scope of practice. Information gathered as part of the preliminary screening and initial evaluation may be considered a part of the comprehensive evaluation. This requirement that the comprehensive evaluation be completed within 60 calendar days does not preclude either the initiation or completion of the comprehensive evaluation or the provision of treatment during the intervening 60 day period.</p>	<p>populations of focus require more stringent timelines than the SAMHSA criteria:</p> <ol style="list-style-type: none"> <li>a. Adults with severe disabling mental illness and children and adolescent with serious emotional disturbances: 45 days (CPR program requirement);</li> <li>b. Children, adolescents and adults with moderate to severe substance use disorders: within three outpatient visits or within 72 hours depending on level of care (CSTAR program requirement).</li> </ol> <ol style="list-style-type: none"> <li>2. All other diagnostic and treatment planning evaluations must be completed within 60 days.</li> <li>3. Evaluations are considered complete when reviewed and approved by a licensed behavioral health professional.</li> </ol>	<p>length of time from preliminary screening to completion of a comprehensive assessment.</p>	
<p><b>4.d.5</b> Although a comprehensive diagnostic and treatment planning evaluation is required for all CCBHC consumers, the extent of the evaluation will depend on the individual consumer and on existing state, federal, or applicable accreditation standards. As part of certification, states will establish the requirements for these evaluations; factors states should consider requiring include: (1) reasons for seeking services at the CCBHC, including information regarding onset of symptoms, severity of symptoms, and circumstances leading to the consumer’s presentation to the CCBHC; (2) a psychosocial evaluation including housing, vocational and educational status, family/caregiver and social support, legal issues, and insurance status; (3) behavioral health history (including trauma history and previous therapeutic interventions and hospitalizations); (3) a diagnostic assessment, including current mental status, mental health (including depression screening) and substance use disorders (including tobacco, alcohol, and other drugs); (4) assessment of imminent risk (including suicide risk, danger to self or others, urgent or critical medical conditions, other immediate risks including threats from another person); (5) basic</p>	<p><b><u>CCBHC Requirement:</u> CCBHC comprehensive diagnostic and treatment planning evaluations must include all of the components required by CARF: 2.B.14. a-v, or by TJC: CTS 02.01.01, EP 1-3, CTS 02.01.03, EP 1-4, CTS 02.01.05, EP1-4, CTS 02.02.09, EP1-3, CTS 02.01.11, EP 1-3, CTS 02.01.13, EP 1-3, CTS 02.01.15, EP 1-3, CTS 02.01.17. EP1-2, CTS 02.02.01, EP1-5, CTS 02.02.05, EP1-6</b></p>	<p>The organization is accredited by CARF or TJC.</p>	

<p>competency/cognitive impairment screening (including the consumer's ability to understand and participate in their own care); (6) a drug profile including the consumer's prescriptions, over-the-counter medications, herbal remedies, and other treatments or substances that could affect drug therapy, as well as information on drug allergies; (7) a description of attitudes and behaviors, including cultural and environmental factors, that may affect the consumer's treatment plan; (8) the consumer's strengths, goals, and other factors to be considered in recovery planning; (9) pregnancy and parenting status; (10) assessment of need for other services required by the statute (i.e., peer and family/caregiver support services, targeted case management, psychiatric rehabilitation services, LEP or linguistic services); (11) assessment of the social service needs of the consumer, with necessary referrals made to social services and, for pediatric consumers, to child welfare agencies as appropriate; and (12) depending on whether the CCBHC directly provides primary care screening and monitoring of key health indicators and health risk pursuant to criteria 4.G, either: (a) an assessment of need for a physical exam or further evaluation by appropriate health care professionals, including the consumer's primary care provider (with appropriate referral and follow-up), or (b) a basic physical assessment as required by criteria 4.G. All remaining necessary releases of information are obtained by this point.</p>			
<p><b>4.d.6</b> Screening and assessment by the CCBHC related to behavioral health include those for which the CCBHC will be accountable pursuant to program requirement 5 and Appendix A of these criteria. The CCBHC should not take non-inclusion of a specific metric in Appendix A as a reason not to provide clinically indicated behavioral health screening or assessment and the state may elect to require specific other screening and monitoring to be provided by the CCBHCs beyond those listed in criterion 4.d.5 or Appendix A.</p>	<p>The SAMHSA Certification Criteria (Appendix A) require that CCBHCs collect and record the following measures as part of the screening and assessment process:</p> <ul style="list-style-type: none"> <li>• BMI</li> <li>• Blood Pressure</li> <li>• Tobacco Use</li> <li>• Alcohol Use</li> <li>• Depression Screening for Adolescents (&gt;12 yrs)</li> <li>• PHQ-9 for Adults (&gt;18 yrs)</li> <li>• Complete metabolic screening for <ul style="list-style-type: none"> <li>○ Adolescents on antipsychotic medication</li> <li>○ Adults with schizophrenia or bipolar</li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>1. The organization is recognized by DMH as a CMHC Healthcare Home for children, adolescents, and adults.</li> <li>2. The organization attests, and subsequent DMH Billing and Service reviews confirm, that it <ol style="list-style-type: none"> <li>a. screens all adolescents (13 to 18 years of age) for depression;</li> <li>b. screens all adults (19 years of age and older) for depression using the PHQ9</li> <li>c. evaluates all adults and adolescents who present a suicide risk for major depression.</li> </ol> </li> </ol>	

	<p>disorder and diabetes who are on anti-psychotic medications</p> <ul style="list-style-type: none"> <li>• Assess adults and adolescents with suicide risk for major depression</li> <li>• A1c levels for adults with SMI and diabetes</li> <li>• LDL levels for individuals <ul style="list-style-type: none"> <li>○ with schizophrenia or bipolar disorder who are on antipsychotic medications</li> <li>○ with schizophrenia and cardiovascular disease</li> </ul> </li> </ul> <p>Because CCBHCs must meet CMHC Healthcare Home requirements, they will meet or exceed all of the screening and assessment requirements regarding BMI, blood pressure, LDL, A1C, tobacco and alcohol use, and complete Metabolic Screening for certain individuals.</p> <p><b><u>CCBHC Requirement: CCBHCs shall:</u></b></p> <ul style="list-style-type: none"> <li>• <i>screen all adolescents (13 to 18 years of age) for depression;</i></li> <li>• <i>screen all adults (19 years of age and older) for depression using the PHQ9</i></li> <li>• <i>evaluates all adults and adolescents who present a suicide risk for major depression.</i></li> </ul>		
<p><b>4.d.7</b> The CCBHC uses standardized and validated screening and assessment tools and, where appropriate, brief motivational interviewing techniques.</p>	<p><b><u>CCBHC Requirement: CCBHCs shall use DMH age appropriate functional assessment and screening tools.</u></b></p>	<p>As part of its CCBHC application, the organization documents functional assessments and screening tools it employs.</p>	
<p><b>4.d.8</b> The CCBHC uses culturally and linguistically appropriate screening tools, and tools/approaches that accommodate disabilities (e.g., hearing disability, cognitive limitations), when appropriate.</p>	<p>CARF and TJC accreditation address this issue.  <b>CARF</b>  <b>TJC:</b> RI 01.01.01, EP 6, RI 01.01.03 EP 1-3</p>	<p>The organization is accredited by CARF or TJC.</p>	
<p><b>4.d.9</b> If screening identifies unsafe substance use including problematic alcohol or other substance use, the CCBHC conducts a brief intervention and the consumer is provided or referred for a full assessment and treatment, if applicable.</p>	<p>F and TCJ accreditation address this issue.  <b>CARF:</b> 2.B.7.(a) &amp; (b)  <b>TJC:</b> CST 02.02.01, ep 2, CTS 02.03.07, EP 1-9.</p>	<p>The organization is accredited by CARF or TJC.</p>	

### Person-Centered And Family-Centered Treatment Planning

SAMHSA Criteria	Explanation/Interpretation	Documenting Compliance	Status
<p><b>4.e.1</b> The CCBHC directly provides person-centered and family-centered treatment planning or similar processes, including but not limited to risk assessment and crisis planning. Person-centered and family-centered treatment planning satisfies the requirements of criteria 4.e.2 – 4.e.8 below and is aligned with the requirements of Section 2402(a) of the Affordable Care Act, including consumer involvement and self-direction.</p> <p><b>Note:</b> See program requirement 3 related to coordination of care and treatment planning.</p>		<p>The organization demonstrates that it has the capacity to directly provide person-centered and family-centered treatment planning, including but not limited to risk assessment and crisis planning, as part of its CCBHC application.</p>	
<p><b>4.e.2</b> An individualized plan integrating prevention, medical and behavioral health needs and service delivery is developed by the CCBHC in collaboration with and endorsed by the consumer, the adult consumer's family to the extent the consumer so wishes, or family/caregivers of youth and children, and is coordinated with staff or programs necessary to carry out the plan.</p> <p><b>Note:</b> States may wish to access additional resources related to person-centered treatment planning found in the CMS Medicaid Home and Community Based Services regulations at 42 C.F.R. Part 441, Subpart M, or in the CMS Medicare Conditions of Participation for Community Mental Health Centers regulations at 42 C.F.R. Part 485.</p>	<p>CARF and TJC accreditation address this issue.  <b>CARF:</b> 2.C.1. a.(1)(2)b-c.(1)(2)(3)(4)d.(1)(2)(3)(4)e. f.  <b>TJC:</b> CTS 02.02.03, EP 1-4, CTS 03.01.01, EP 1-4, 12,13</p>	<p>The organization is accredited by CARF or TJC.</p>	
<p><b>4.e.3</b> The CCBHC uses consumer assessments to inform the treatment plan and services provided.</p>	<p>CARF and TJC accreditation address this issue.  <b>CARF:</b> 2.C.1.b.  <b>TJC:</b> CTS 02.02.03, EP 1-4</p>	<p>The organization is accredited by CARF or TJC.</p>	
<p><b>4.e.4</b> Treatment planning includes needs, strengths, abilities, preferences, and goals, expressed in a manner capturing the consumer's words or ideas and, when appropriate, those of the consumer's family/caregiver.</p>	<p>CARF and TJC accreditation address this issue.  <b>CARF:</b> 2.C.2. a.(1) (2) (3) b. (1) (a) (b) (2) (a) (b) (c) (3) (4) (5) (6) (7) (8) c. d. e. (1) (2) (3) (4) (5) f. (1) (2)  <b>TJC:</b> CTS 03.01.03, EP 1-6, 17-22.</p>	<p>The organization is accredited by CARF or TJC.</p>	

<p><b>4.e.5</b> The treatment plan is comprehensive, addressing all services required, with provision for monitoring of progress towards goals. The treatment plan is built upon a shared decision-making approach.</p>	<p>CARF and TJC accreditation address this issue.  <b>CARF:</b> 2.C.3. a. b. c. d. &amp; 2.C.1. a. (1) (2)  <b>TJC:</b> CTS 03.01.01, EP 1-4, 12-13.</p>	<p>The organization is accredited by CARF or TJC.</p>	
<p><b>4.e.6</b> Where appropriate, consultation is sought during treatment planning about special emphasis problems, including for treatment planning purposes (e.g., trauma, eating disorders).</p>	<p>CARF and TJC accreditation address this issue.  <b>CARF</b>  <b>TJC:</b> CTS 03.01.07, EP 1-3, CTS 04.02.25, EP 4-5.</p>	<p>The organization is accredited by CARF or TJC.</p>	
<p><b>4.e.7</b> The treatment plan documents the consumer's advance wishes related to treatment and crisis management and, if the consumer does not wish to share their preferences, that decision is documented.</p>	<p>CARF and TJC accreditation address this issue.  <b>CARF:</b> 2.C.4. a. (1) b. (4) (a) (b) &amp; 1.K.2. e. (1)  <b>TJC:</b> CTS 01.04.01, EP 13, RC 02.01.01, EP 1,4,5,8,10,11</p>	<p>The organization is accredited by CARF or TJC.</p>	
<p><b>4.e.8</b> Consistent with the criteria in 4.e.1 through 4.e.7, states should specify other aspects of consumer, person-centered and family-centered treatment planning they will require based upon the needs of the population served.</p> <p>Treatment planning components that states might consider include: prevention; community inclusion and support (housing, employment, social supports); involvement of family/caregiver and other supports; recovery planning; safety planning; and the need for specific services required by the statute (i.e., care coordination, physical health services, peer and family support services, targeted case management, psychiatric rehabilitation services, accommodations to ensure cultural and linguistically competent services).</p>			

**Outpatient Mental Health and Substance Use Services**

SAMHSA Criteria	Explanation/Interpretation	Documenting Compliance	Status
<p><b>4.f.1</b> The CCBHC directly provides outpatient mental and substance use disorder services that are evidence-based or best practices, consistent with the needs of individual consumers as identified in their individual treatment plan. In the event specialized services outside the expertise of the CCBHC are required for purposes of outpatient mental and substance use disorder treatment (e.g., treatment of sexual trauma, eating disorders, specialized medications for substance use disorders), the CCBHC makes them available through referral or other formal arrangement with other providers or, where necessary and appropriate, through use of telehealth/telemedicine services. The CCBHC also provides or makes available through formal arrangement traditional practices/treatment as appropriate for the consumers served in the CCBHC area.</p> <p><b>Note:</b> See also program requirement 3 regarding coordination of services and treatment planning.</p>	<p>CARF and TJC accreditation address assuring that the organization makes needed services that it does not provide available through referral or other formal arrangement.</p> <p align="center"><b>CARF:</b> 2B.4.c.(1)(2)</p> <p align="center"><b>TJC:</b> CTS 04.01.01, EP 5&amp;6; LD 04.04.09, EP 1-5.</p>	<ol style="list-style-type: none"> <li>1. As part of its CCBHC application, the organization documents that it directly provides outpatient mental health and substance use disorder services and is accredited by CARF to provide Outpatient Alcohol and other Drugs/Addictions or Outpatient AOD/MH to service children adolescents and adults, <b>or</b> by TJC to provide Comprehensive Behavioral Health services for children, adolescents and adults. [Provisional certification by DBH for Outpatient Mental Health or SUD (Level 3) services will be accepted in lieu of the required accreditation until an accreditation site visit can be scheduled, and accreditation achieved]</li> <li>2. The organizations policies and procedures require that it provides or makes available through formal arrangement traditional practices/treatments as appropriate for consumers served in the CCBHC area.</li> </ol>	
<p><b>4.f.2</b> Based upon the findings of the needs assessment as required in program requirement 1, states must establish a minimum set of evidence- based practices required of the CCBHCs. Among those evidence-based practices states might consider are the following: Motivational Interviewing; Cognitive Behavioral individual, group and on-line Therapies (CBT); Dialectical Behavior Therapy (DBT); addiction technologies<sup>1</sup>; recovery supports; first episode early intervention for psychosis; Multi- Systemic Therapy; Assertive Community Treatment (ACT); Forensic Assertive Community Treatment (F-ACT); evidence-based medication evaluation and management (including but not limited to medications for psychiatric conditions, medication assisted treatment for alcohol and opioid substance use disorders (e.g., buprenorphine, methadone, naltrexone (injectable and oral), acamprosate, disulfiram, naloxone), prescription long-acting injectable medications for both mental and substance use disorders,</p>	<ol style="list-style-type: none"> <li>1. <b><i>CCBHC Requirement: The CCBHC shall provide the following evidence-based, best, and promising practices:</i></b> <ol style="list-style-type: none"> <li>a. <b><i>Motivational Interviewing</i></b></li> <li>b. <b><i>Cognitive Behavioral Therapy</i></b></li> <li>c. <b><i>Medication Assisted Treatment for Substance Use Disorders</i></b></li> <li>d. <b><i>Wellness Coaching</i></b></li> <li>e. <b><i>Tobacco Cessation</i></b></li> <li>f. <b><i>Trauma-Informed Care</i></b></li> <li>g. <b><i>Psychiatric rehabilitation including</i></b> <ol style="list-style-type: none"> <li>i. <b><i>Medication education</i></b></li> <li>ii. <b><i>Training and support for self-management</i></b></li> <li>iii. <b><i>Training in personal care skills</i></b></li> <li>iv. <b><i>Community integration services</i></b></li> </ol> </li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. As part of its CCBHC application, the organization shall:             <ol style="list-style-type: none"> <li>a. Demonstrate that it has integrated Motivational Interviewing, Cognitive Behavioral Therapy, and Wellness Coaching into treatment and rehabilitation services by describing such elements as relevant training and staff development and quality improvement initiatives, and any efforts to assure fidelity.</li> <li>b. Provide the names of employed or contracted physicians who have waivers from SAMHSA to prescribe buprenorphine for the treatment of opioid dependency.</li> <li>c. Provide evidence of tobacco cessation</li> </ol> </li> </ol>	

<p>and smoking cessation medications); community wrap-around services for youth and children; and specialty clinical interventions to treat mental and substance use disorders experienced by youth (including youth in therapeutic foster care). This list is not intended to be all-inclusive and the states are free to determine whether these or other evidence-based treatments may be appropriate as a condition of certification.</p>	<p style="text-align: center;">v. <b>Recovery supports, including</b> vi. <b>Financial management training</b> vii. <b>Dietary and wellness training</b></p> <p>2. <b><i>CCBHC Requirement: Although CCBHCs are not required to be providing the following evidence-based, best and promising practices in order to be recognized as a CCBHC, during the Demonstration Project CCBHCs shall, at a minimum, be actively engaged in adopting the following evidence-based, best, and promising practices:</i></b></p> <ul style="list-style-type: none"> <li>a. <b><i>Illness Management and Recovery</i></b></li> <li>b. <b><i>Integrated Treatment for Co-occurring Disorders</i></b></li> <li>c. <b><i>Individual Placement and Support Employment Model</i></b></li> <li>d. <b><i>Zero Suicide Academy</i></b></li> <li>e. <b><i>Parent-Child Interaction Therapy</i></b></li> </ul>	<p>services.</p> <ul style="list-style-type: none"> <li>d. Either provide evidence that it embodies a Trauma-Informed Care approach, or that it is actively participating in the DBH approved Trauma-Informed Care Learning Collaborative.</li> <li>e. Document that it is a certified Community Psychiatric Rehabilitation Program serving children, adolescents, and adults</li> </ul> <p>2. As part of its CCBHC application, the organization shall either document that it has adopted with fidelity, or that it is committed to participating in DBH training and technical assistance regarding the adoption of the following evidence-based, best, and promising practices:</p> <ul style="list-style-type: none"> <li>a. Illness Management and Recovery</li> <li>b. Integrated Treatment for Co-Occurring Disorders</li> <li>c. Individuals Placement and Support Employment Model</li> <li>d. Zero Suicide Academy</li> <li>e. Parent-Child Interaction Therapy</li> </ul>	
<p><b>4.f.3</b> Treatments are provided that are appropriate for the consumer's phase of life and development, specifically considering what is appropriate for children, adolescents, transition age youth, and older adults, as distinct groups for whom life stage and functioning may affect treatment. Specifically, when treating children and adolescents, CCHBCs provide evidenced-based services that are developmentally appropriate, youth guided, and family/caregiver driven with respect to children and adolescents. When treating older adults, the individual consumer's desires and functioning are considered and appropriate evidence-based treatments are provided. When treating individuals with developmental or other cognitive disabilities, level of functioning is</p>	<p>CARF and TJC accreditation address this issue. <b>CARF</b> 2.B.14. c. m.(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) s. u. &amp; <b>For Children:</b> 4.B.1. a. b. c. d. e. f. (1) (2) g. h. i. j. k. l. m. n. o. p. q. (1) (2) (3) &amp; <b>For Older Adults:</b> 4.H.1. a. (1) (2) (3)(4) b. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15)(16) (17) (18) (19) (20) (21) <b>TJC</b> CTS02.02.01, EP 1-6, CTS 02.03.03, EP 1&amp;2, CTS 02.03.05, EP 1-8, CTS 04.01.03, Ep 1-7, CTS 04.02.01, EP 1-5, CTS o4.02.25, EP 1-5, HR 01.06.01, EP 1, HRM 01,06,05, EP 1-3, HRM 01.06.09, EP 1-7</p>	<p>The organization is accredited by CARF or TJC.</p>	

<p>considered and appropriate evidence-based treatments are provided. These treatments are delivered by staff with specific training in treating the segment of the population being served.</p>			
<p><b>4.f.4</b> Children and adolescents are treated using a family/caregiver- driven, youth guided and developmentally appropriate approach that comprehensively addresses family/caregiver, school, medical, mental health, substance abuse, psychosocial, and environmental issues.</p>	<p>CARF and TCJ accreditation address this issue.  <b>CARF</b> 4.B.1.a.-q. &amp; 4.B.2. a.b. c. d. &amp; 4.B.3.  <b>TJC</b> CTS 02.03.01, EP 1-4, CTS 02.03.03, EP 1-2, CTS 04.02.11, EP 1-2, CTS 04.02.15, EP 1-3, CTS 04.02.19. EP 1-0, CTS 04.02.21, EP 1-4, CTS 04.02.25, EP 1.</p>	<p>The organization is accredited by CARF or TJC.</p>	

**Outpatient Clinic Primary Care Screening And Monitoring**

SAMHSA Criteria	Explanation/Interpretation	Documenting Compliance	Status
<p><b>4.g.1</b> The CCBHC is responsible for outpatient clinic primary care screening and monitoring of key health indicators and health risk. Whether directly provided by the CCBHC or through a DCO, the CCBHC is responsible for ensuring these services are received in a timely fashion. Required primary care screening and monitoring of key health indicators and health risk provided by the CCBHC include those for which the CCBHC will be accountable pursuant to program requirement 5 and Appendix A of these criteria. The CCBHC should not take non-inclusion of a specific metric in Appendix A as a reason not to provide clinically indicated primary care screening and monitoring and the state may elect to require specific other screening and monitoring to be provided by the CCBHCs. The CCBHC ensures 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. Prevention is a key component of primary care services provided by the CCBHC. Nothing in these criteria prevent a CCBHC from providing other primary care services.</p> <p><b>Note:</b> See also program requirement 3 regarding coordination of services and treatment planning.</p>	<p align="center"><b><u>CCBHC Requirement:</u> CCBHCs must be accredited as health homes by CARF or TJC, and meet all CMHC Healthcare Home requirements.</b></p>	<p>The organization is accredited as a health home by CARF or TJC and meets all CMHC Healthcare Home requirements.</p>	

Targeted Case Management Services			
SAMHSA Criteria	Explanation/Interpretation	Documenting Compliance	Status
<p><b>4.h.1</b> 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. Targeted case management should include supports for persons deemed at high risk of suicide, particularly during times of transitions such as from an ED or psychiatric hospitalization. Based upon the needs of the population served, states should specify the scope of other targeted case management services that will be required, and the specific populations for which they are intended.</p>	<p><b><u>CCBHC Requirement:</u> CCBHCs must provide case management services for each of the populations of focus.</b></p>	<p>1. As part of its CCBHC application, the organization documents that it</p> <ul style="list-style-type: none"> <li>a. is accredited as a health home by CARF or TJC, and meets all CMHC Healthcare Home requirements,</li> <li>b. is certified as a Community Psychiatric Rehabilitation Program serving children, adolescents, and adults,</li> <li>c. is accredited by CARF to provide Outpatient Alcohol and other Drugs/Addictions or Outpatient AOD/MH to serve children adolescents and adults, <b>or</b> by TJC to provide Comprehensive Behavioral Health services for children, adolescents and adults, [Provisional certification by DBH for Outpatient Mental Health or SUD (Level 3) services will be accepted in lieu of the required accreditation until an accreditation site visit can be scheduled, and accreditation achieved], and</li> <li>d. employs Community Mental Health Liaisons.</li> </ul>	

<b>Psychiatric Rehabilitation Services</b>			
<b>SAMHSA Criteria</b>	<b>Explanation/Interpretation</b>	<b>Documenting Compliance</b>	<b>Status</b>
<p><b>4.i.1</b> The CCBHC is responsible for evidence-based and other psychiatric rehabilitation services. States should specify which evidence-based and other psychiatric rehabilitation services they will require based upon the needs of the population served. Psychiatric rehabilitation services that might be considered include: medication education; self-management; training in personal care skills; individual and family/caregiver psycho-education; community integration services; recovery support services including Illness Management &amp; Recovery; financial management; and dietary and wellness education. States also may wish to require the provision of supported services such as housing, employment, and education, the latter in collaboration with local school systems.</p> <p><b>Note:</b> See program requirement 3 regarding coordination of services and treatment planning.</p>	<p><b>1. <u>CCBHC Requirement:</u> CCBHCs must be certified as Community Psychiatric Rehabilitation programs services children, adolescents and adults providing:</b></p> <ul style="list-style-type: none"> <li><b>a. Medication education</b></li> <li><b>b. Training and support for self-management</b></li> <li><b>c. Training in personal care skills</b></li> <li><b>d. Community integration services</b></li> <li><b>e. Recovery supports, including</b> <ul style="list-style-type: none"> <li><b>i. Financial management training, and</b></li> <li><b>ii. Dietary and wellness training.</b></li> </ul> </li> </ul>	<p>As part of its CCBHC application, the organization documents that it is a certified Community Psychiatric Rehabilitation Program serving children, adolescents, and adults.</p>	

Peer Supports, Peer Counseling, and Family/Caregiver Supports			
SAMHSA Criteria	Explanation/Interpretation	Documenting Compliance	Status
<p><b>4.j.1</b> The CCBHC is responsible for peer specialist and recovery coaches, peer counseling, and family/caregiver supports. States should specify the scope of peer and family services they will require based upon the needs of the population served. Peer services that might be considered include: peer-run drop-in centers, peer crisis support services, peer bridge services to assist individuals transitioning between residential or inpatient settings to the community, peer trauma support, peer support for older adults or youth, and other peer recovery services. Potential family/caregiver support services that might be considered include: family/caregiver psycho-education, parent training, and family-to- family/caregiver support services.</p> <p><b>Note:</b> See program requirement 3 regarding coordination of services and treatment planning.</p>	<p><b><i>CCBHC Requirement: CCBHCs shall provide peer and family support services consistent with the array of services and supports specified in the job descriptions of Family Support Peers, Certified Peer Support Specialists and Missouri Recovery Support Peers, and shall employ Family Support Peers, Certified Peer Support Specialists, and, if directly providing CSTAR services, Missouri Recovery Support Peers, consistent with the size and scope of services provided to the populations of focus.</i></b></p> <p>CARF and TJC accreditation address this issue.  <b>CARF:</b> 2.A.28. b. c. &amp; 2.A.29. a. b. &amp; 2.A.30. a. b. c. (1) (a) (b) (c) (d) (e)(f) (2) d. (1) (2) &amp; 2.A.31. a. b. (1) -(7) c. &amp; 2.a.19.  <b>TJC:</b> CTS 04.03.27, EP1-3, CTS 04.03.29, EP1-3, CTS 04.03.31, EP1-3.</p>	<p>The organization provides the names and credentials of the Family Support Peers, Certified Peer Support Specialists and Missouri Recovery Support Peers employed as part of its CCBHC application.</p> <p>The organization is accredited by CARF or TJC.</p>	

**Intensive, Community-Based Mental Health Care For Members Of The Armed Forces And Veterans**

SAMHSA Criteria	Explanation/Interpretation	Documenting Compliance	Status
<p><b>4.k.1</b> 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. Care provided to veterans is required to be 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 provisions of these criteria in general and, specifically, in criteria 4.K, are designed to assist CCBHCs in providing quality clinical behavioral health services consistent with the Uniform Mental Health Services Handbook.</p> <p><b>Note:</b> See program requirement 3 regarding coordination of services and treatment planning.</p>	<p>DMH is pursuing discussions with representatives of VHA programs serving Missourians and will provide guidance regarding this criterion at a later date.</p>		
<p><b>4.k.2</b> All individuals inquiring about services are asked whether they have ever served in the U.S. military.</p> <p>Current Military Personnel: Persons affirming current military service will be offered assistance in the following manner:</p> <ol style="list-style-type: none"> <li>Active Duty Service Members (ADSM) must use their servicing MTF, and their MTF Primary Care Managers (PCMs) are contacted by the CCBHC regarding referrals outside the MTF.</li> <li>ADSMs and activated Reserve Component (Guard/Reserve) members who reside more than 50 miles (or one hour's drive time) from a military hospital or military clinic enroll in TRICARE PRIME Remote and use the network PCM, or select any other authorized TRICARE provider as the PCM. The PCM refers the</li> </ol>	<p><b><u>CCBHC Requirement:</u> CCBHCs must ask all individuals inquiring about services if they have ever served in the U.S. military.</b></p> <ol style="list-style-type: none"> <li><b>Active Duty Service Members (ADSMs) who reside within 50 miles of, or one hour's drive time from, a Military Treatment Facility (MTF) must use their servicing MTF. If such an ADSM seeks services from a CCBHC, CCBHCs must contact the individual's MTF Primary Care Manager for a possible referral for services.</b></li> <li><b>If the individual is an Active Duty Service Member (ADSM) or an activated Reserve Component member who resides more than 50 miles or one hour's drive time from a Military Treatment Facility (MTF), then CCBHCs must contact the individual's TRICARE PRIME Remote Primary Case Manager for possible referral for specialized services.</b></li> </ol>		

<p>member to specialists for care he or she cannot provide; and works with the regional managed care support contractor for referrals/authorizations.</p> <p>3. Members of the Selected Reserves, not on Active Duty (AD) orders, are eligible for TRICARE Reserve Select and can schedule an appointment with any TRICARE-authorized provider, network or non-network.</p> <p>Veterans: Persons affirming former military service (veterans) are offered assistance to enroll in VHA for the delivery of health and behavioral health services. Veterans who decline or are ineligible for VHA services will be served by the CCBHC consistent with minimum clinical mental health guidelines promulgated by the VHA, including clinical guidelines contained in the Uniform Mental Health Services Handbook as excerpted below (from VHA Handbook 1160.01, Principles of Care found in the Uniform Mental Health Services in VA Centers and Clinics).</p> <p><b>Note:</b> See also program requirement 3 requiring coordination of care across settings and providers, including facilities of the Department of Veterans Affairs.</p>	<p><b>3. If the individual is a Selected Reserve member not on active duty and the CCBHC is an authorized TRICARE Reserve Select provider, or the individual is a veteran but declines, or is ineligible, to enroll in the Veterans Health Administration, CCBHCs must provide services in a manner consistent with the minimal clinical guidelines promulgated by the Veterans Health Administration (VHA).</b></p> <p><b>4. If the individual is a veteran not currently enrolled in the VHA, CCBHCs must offer to assist the individual in enrolling in the VHA.</b></p>		
<p><b>4.k.3</b> In keeping with the general criteria governing CCBHCs, CCBHCs ensure there is integration or coordination between the care of substance use disorders and other mental health conditions for those veterans who experience both and for integration or coordination between care for behavioral health conditions and other components of health care for all veterans.</p>		<p>1. As part of its CCBHC application, the organization documents that it is accredited</p> <p>a. by CARF to provide Outpatient Alcohol and other Drugs/Addictions and Outpatient Mental Health, or Outpatient AOD/MH, to serve children adolescents and adults, <b>or</b> by TJC to provide Comprehensive Behavioral Health services for children, adolescents and adults. [Provisional certification by DBH for Outpatient Mental Health or SUD (Level 3) services will be accepted in lieu of the required accreditation until an accreditation site visit can be scheduled, and accreditation achieved], and</p>	

		<p>b. as a health home by CARF or TJC, and meets all CMHC Healthcare Home Standards.</p>	
<p><b>4.k.4</b> Every veteran seen for behavioral health services is assigned a Principal Behavioral Health Provider. When veterans are seeing more than one behavioral health provider and when they are involved in more than one program, the identity of the Principal Behavioral Health Provider is made clear to the veteran and identified in the medical record. The Principal Behavioral Health Provider is identified on a consumer tracking database for those veterans who need case management. The Principal Behavioral Health Provider ensures the following requirements are fulfilled:</p> <ol style="list-style-type: none"> <li>1. Regular contact is maintained with the veteran as clinically indicated as long as ongoing care is required.</li> <li>2. A psychiatrist, or such other independent prescriber as satisfies the current requirements of the VHA Uniform Mental Health Services Handbook, reviews and reconciles each veteran's psychiatric medications on a regular basis. Coordination and development of the veteran's treatment plan incorporates input from the veteran (and, when appropriate, the family with the veteran's consent when the veteran possesses adequate decision-making capacity or with the veteran's surrogate decision-maker's consent when the veteran does not have adequate decision-making capacity).</li> <li>3. Coordination and development of the veteran's treatment plan incorporates input from the veteran (and, when appropriate, the family with the veteran's consent when the veteran possesses adequate decision-making capacity or with the veteran's surrogate decision-maker's consent when the veteran does not have adequate decision-making capacity).</li> <li>4. Implementation of the treatment plan is monitored and documented. This must include tracking progress in the care delivered, the outcomes achieved, and the goals attained.</li> </ol>	<p>DMH is pursuing discussions with representatives of VHA programs serving Missourians and will provide guidance regarding this criterion at a later date.</p>		

<p>5. The treatment plan is revised, when necessary.</p> <p>6. The principal therapist or Principal Behavioral Health Provider communicates with the veteran (and the veteran's authorized surrogate or family or friends when appropriate and when veterans with adequate decision-making capacity consent) about the treatment plan, and for addressing any of the veteran's problems or concerns about their care. For veterans who are at high risk of losing decision-making capacity, such as those with a diagnosis of schizophrenia or schizoaffective disorder, such communications need to include discussions regarding future behavioral health care treatment (see information regarding Advance Care Planning Documents in VHA Handbook 1004.2).</p> <p>7. 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 must ensure the veteran's decision-making capacity is formally assessed and documented. For veterans who are determined to lack capacity, the provider must identify the authorized surrogate and document the surrogate's verbal consent to the treatment plan.</p>			
<p><b>4.k.5</b> In keeping with the general criteria governing CCBHCs, behavioral health services are recovery-oriented. The VHA adopted the National Consensus Statement on Mental Health Recovery in its Uniform Mental Health Services Handbook. SAMHSA has since developed a working definition and set of principles for recovery updating the Consensus Statement. 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." The following are the 10 guiding principles of recovery:</p> <ul style="list-style-type: none"> <li>• Hope</li> <li>• Person-driven</li> </ul>	<p>DMH is pursuing discussions with representatives of VHA programs serving Missourians and will provide guidance regarding this criterion at a later date.</p>		

<ul style="list-style-type: none"> <li>• Many pathways</li> <li>• Holistic</li> <li>• Peer support</li> <li>• Relational</li> <li>• Culture</li> <li>• Addresses trauma</li> <li>• Strengths/responsibility</li> <li>• Respect</li> </ul> <p>(Substance Abuse and Mental Health Services Administration [2012]). As implemented in VHA recovery, the recovery principles also include the following:</p> <ul style="list-style-type: none"> <li>• Privacy</li> <li>• Security</li> <li>• Honor</li> </ul> <p>Care for veterans must conform to that definition and to those principles in order to satisfy the statutory requirement that care for veterans adheres to guidelines promulgated by the VHA.</p>			
<p><b>4.k.6</b> In keeping with the general criteria governing CCBHCs, all behavioral health care is provided with cultural competence.</p> <p>1. Any staff who is not a veteran has training about military and veterans' culture in order to be able to understand the unique experiences and contributions of those who have served their country.</p> <p>All staff receives cultural competency training on issues of race, ethnicity, age, sexual orientation, and gender identity.</p>	<p>DMH is pursuing discussions with representatives of VHA programs serving Missourians and will provide guidance regarding this criterion at a later date.</p>		
<p><b>4.k.7</b> In keeping with the general criteria governing CCBHCs, there is a behavioral health treatment plan for all veterans receiving behavioral health services.</p>	<p>DMH is pursuing discussions with representatives of VHA programs serving Missourians and will provide guidance regarding this criterion at a later date.</p>		

<ol style="list-style-type: none"> <li>1. The treatment plan includes the veteran's diagnosis or diagnoses and documents consideration of each type of evidence-based intervention for each diagnosis.</li> <li>2. The treatment plan includes approaches to monitoring the outcomes (therapeutic benefits and adverse effects) of care, and milestones for reevaluation of interventions and of the plan itself.</li> <li>3. As appropriate, the plan considers interventions intended to reduce/manage symptoms, improve functioning, and prevent relapses or recurrences of episodes of illness.</li> <li>4. The plan is recovery oriented, attentive to the veteran's values and preferences, and evidence-based regarding what constitutes effective and safe treatments.</li> </ol> <p>The treatment plan is developed with input from the veteran, and when the veteran consents, appropriate family members. The veteran's verbal consent to the treatment plan is required pursuant to VHA Handbook 1004.1.</p>			
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## QUALITY AND OTHER REPORTING

### Data Collection, Reporting and Tracking

SAMHSA Criteria	Explanation/Interpretation	Documenting Compliance	Status
<p><b>5.a.1</b> The CCBHC has the capacity to collect, report, and track encounter, outcome, and quality data, including but not limited to data capturing: (1) consumer characteristics; (2) staffing; (3) access to services; (4) use of services; (5) screening, prevention, and treatment; (6) care coordination; (7) other processes of care; (8) costs; and (9) consumer outcomes. Data collection and reporting requirements are elaborated below and in Appendix A.</p>	<p>CARF and TJC accreditation address this issue.  <b>CARF:</b> 1.M.4, 1.3.d. (7), 1.M.6.b (1)-(4), &amp; 1.M.3.(1)  <b>TJC:</b> PI 01.01.01., EP 1-3, 14-16, 27, 30, 40-43.</p>	<p>The organization is accredited by CARF or TJC, and has a DMH contract requiring submission of data to the CIMOR system.</p>	
<p><b>5.a.2</b> Reporting is annual and data are required to be reported for all CCBHC consumers, or where data constraints exist (for example, the measure is calculated from claims), for all Medicaid enrollees in the CCBHCs.</p>	<p>This criterion establishes expectations regarding annual reporting of data.</p>	<p>As part of its CCBHC application, the organization agrees to submit required data annually.</p>	
<p><b>5.a.3</b> To the extent possible, these criteria assign to the state responsibility for data collection and reporting where access to data outside the CCBHC is required. Data to be collected and reported and quality measures to be reported, however, may relate to services CCBHC consumers receive through DCOs. Collection of some of the data and quality measures that are the responsibility of the CCBHC may require access to data from DCOs and it is the responsibility of the CCBHC to arrange for access to such data as legally permissible upon creation of the relationship with DCOs and to ensure adequate consent as appropriate and that releases of information are obtained for each affected consumer.</p>		<p>All contracts that the organization has with prospective DCOs include provisions that the DCO</p> <ul style="list-style-type: none"> <li>• provide required data to the CCBHC in a timely manner,</li> <li>• obtain appropriate consumer consent for the sharing of information and</li> <li>• comply with all federal and state privacy and confidentiality requirements</li> </ul>	
<p><b>5.a.4</b> As specified in Appendix A, some aspects of data reporting will be the responsibility of the state, using Medicaid claims and encounter data. States must provide CCHBC-level Medicaid claims or encounter data to the evaluators of this demonstration program annually. At a minimum, consumer and service-level data should include a unique consumer identifier, unique clinic identifier, date of service, CCBHC-covered service provided, units of service provided and diagnosis. These data must be reported through MMIS/T-MSIS in order to support the state's claim for enhanced federal matching funds made available through this demonstration program. For each</p>	<p>This criterion establishes expectations for the state but also requires CCBHCs to submit data to the state and participate in the evaluation of the project.</p>	<p>As part of its CCBHC application, the organization agrees to submit required data to the state and to participate in the evaluation of the project.</p>	

<p>consumer, the state must obtain and link the consumer level administrative Uniform Reporting System (URS) information to the claim (or be able to link by unique consumer identifier). CCBHC consumer claim or encounter data must be linkable to the consumer's pharmacy claims or utilization information, inpatient and outpatient claims, and any other claims or encounter data necessary to report the measures identified in Appendix A. These linked claims or encounter data must also be made available to the evaluator. In addition to data specified in this program requirement and in Appendix A that the state is to provide, the state will provide such other data, including Treatment Episode Data Set (TEDS) data and data from comparison settings, as may be required for the evaluation to HHS and the national evaluation contractor annually. To the extent CCBHCs are responsible for provision of data, the data will be provided to the state and, as may be required elsewhere, to HHS and the evaluator. If requested, CCBHCs will participate in discussions with the national evaluation team.</p>			
<p><b>5.a.5</b> CCBHCs annually submit a cost report with supporting data within six months after the end of each demonstration year to the state. The state will review the submission for completeness and submit the report and any additional clarifying information within nine months after the end of each demonstration year to CMS.</p> <p><b>Note:</b> In order for a clinic to receive payment using the CCBHC PPS, it must be certified as a CCBHC.</p>		<p>As part of its CCBHC application, the organization agrees to submit to the state a cost report with supporting data within six months of the end of each demonstration year.</p>	

Continuous Quality Improvement			
SAMHSA Criteria	Explanation/Interpretation	Documenting Compliance	Status
<p><b>5.b.1</b> The CCBHC develops, implements, and maintains an effective, CCBHC-wide data-driven continuous quality improvement (CQI) plan for clinical services and clinical management. The CQI projects are clearly defined, implemented, and evaluated annually. The number and scope of distinct CQI projects conducted annually are based on the needs of the CCBHC's population and reflect the scope, complexity and past performance of the CCBHC's services and operations. The CCBHC-wide CQI plan addresses priorities for improved quality of care and client safety, and requires all improvement activities be evaluated for effectiveness. The CQI plan focuses on indicators related to improved behavioral and physical health outcomes, and takes actions to demonstrate improvement in CCBHC performance. The CCBHC documents each CQI project implemented, the reasons for the projects, and the measurable progress achieved by the projects. One or more individuals are designated as responsible for operating the CQI program.</p>	<p>CARF and TJC accreditation address this issue.  <b>CARF:</b> 1.M.1.a.c.d, 1.M.3.d.(2)(a)(b), 1 M.6.b.(1)-(4), 1.M.7.a-d, 1.N.1.a.b.(2)(a)-(d) &amp; 1.N.2.b  <b>TJC:</b> LD. 04.04.01, EP 1-4, 24, &amp;25.</p>	<p>The organization is accredited by CARF or TJC.</p>	
<p><b>5.b.2</b> Although the CQI plan is to be developed by the CCBHC and reviewed and approved by the state during certification, specific events are expected to be addressed as part of the CQI plan, including: (1) CCBHC consumer suicide deaths or suicide attempts; (2) CCBHC consumer 30 day hospital readmissions for psychiatric or substance use reasons; and (3) such other events the state or applicable accreditation bodies may deem appropriate for examination and remediation as part of a CQI plan.</p>		<ol style="list-style-type: none"> <li>1. As part of its CCBHC application, the organization submits a copy, or summary, of its CQI plan for review and approval by DMH.</li> <li>2. The CQI plan must address: (1) CCBHC consumer suicide deaths or suicide attempts; (2) CCBHC consumer 30 day hospital readmissions for psychiatric or substance use reasons; and (3) such other events the state, the CCBHC or applicable accreditation bodies may deem appropriate for examination and remediation as part of a CQI plan.</li> </ol>	

**ORGANIZATIONAL AUTHORITY, GOVERNANCE AND ACCREDITATION**

**General Requirements Of Organizational Authority And Finances**

SAMHSA Criteria	Explanation/Interpretation	Documenting Compliance	Status
<p><b>6.a.1.</b> The CCBHC maintains documentation establishing the CCBHC conforms to at least one of the following statutorily established criteria:</p> <ul style="list-style-type: none"> <li>• Is a non-profit organization, exempt from tax under Section 501(c)(3) of the United States Internal Revenue Code;</li> <li>• Is part of a local government behavioral health authority;</li> <li>• Is operated under the authority of the Indian Health Service, an Indian tribe, or tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the Indian Health Service pursuant to the Indian Self-Determination Act (25 U.S.C. 450 et seq.);</li> <li>• Is an urban Indian organization pursuant to a grant or contract with the Indian Health Service under Title V of the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.).</li> </ul> <p><b>Note:</b> A CCBHC is considered part of a local government behavioral health authority when a locality, county, region or state maintains authority to oversee behavioral health services at the local level and utilizes the clinic to provide those services.</p>		<p align="center">As part of its CCBHC application, the organization documents which of these criteria it conforms to.</p>	
<p><b>6.a.2</b> To the extent CCBHCs are not operated under the authority of the Indian Health Service, an Indian tribe, or tribal or urban Indian organization, states, based upon the population the prospective CCBHC may serve, should require CCBHCs to reach out to such entities within their geographic service area and enter into arrangements with those entities to assist in the provision of services to AI/AN consumers and to inform the provision of services to those consumers. To the extent the CCBHC and such entities jointly provide services, the CCBHC and those collaborating entities shall, as a whole, satisfy the requirements of these criteria.</p>	<p align="center">No such entities exist in Missouri.</p>		

<p><b>6.a.3</b> An independent financial audit is performed annually for the duration of the demonstration in accordance with federal audit requirements, and, where indicated, a corrective action plan is submitted addressing all findings, questioned costs, reportable conditions, and material weakness cited in the Audit Report.</p>	<p>CARF accreditation addresses this issue.  <b>CARF:</b> 1.F.10 &amp; 1.F 11.a.b</p>	<p>The organization is accredited by CARF, or as part of its CCBHC application, the organization documents that an independent financial audit is performed annually.</p>	
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<b>Governance</b>			
<b>SAMHSA Criteria</b>	<b>Explanation/Interpretation</b>	<b>Documenting Compliance</b>	<b>Status</b>
<p><b>6.b.1</b> As a group, the CCBHC's 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 will incorporate meaningful participation by adult consumers with mental illness, adults recovering from substance use disorders, and family members of CCBHC consumers, either through 51 percent of the board being families, consumers or people in recovery from behavioral health conditions, or through a substantial portion of the governing board members meeting 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.</p>	<p>DBH will be providing training design to promote meaningful participation by the individuals and families receiving services from CCBHCs in the CCBHCs policies, processes and services.</p> <p>There are a variety of ways for CCBHCs to accomplish and demonstrate meaningful participation.</p> <p><b><i>CCBHC Requirement: CCBHCs shall adopt one of the following approaches to securing meaningful participation in the CCBHCs policies, processes and services by individuals and families receiving services from CCBHCs:</i></b></p>	<p>As part of its CCBHC application, the organization describes and documents, and if, appropriate, justifies, which approach it has adopted to secure meaningful participation in the CCBHC's policies, processes, and services by individuals and families receiving services from the organization.</p>	
<p><b>6.b.2</b> The CCBHC will describe how it meets this requirement or develop a transition plan with timelines appropriate to its governing board size and target population to meet this requirement.</p>	<ul style="list-style-type: none"> <li>• <b><i>At least 51% of the governing body consists of individuals, or family members of individuals, recovering from serious mental illness or a serious emotional disorder, and individuals, or family members of individuals, recovering from substance use disorders, who are receiving or have received behavioral health services from the CCBHC;</i></b></li> </ul>		
<p><b>6.b.3</b> To the extent 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 state will specify the reasons why the CCBHC cannot meet these requirements and the CCBHC will have or develop 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.</p>	<ul style="list-style-type: none"> <li>• <b><i>A substantial portion of the governing body consists of individuals, or family members of individuals, recovering from serious mental illness or a serious emotional disorder, and individuals, or family members of individuals, recovering from substance use disorders, who are receiving or have received behavioral health services from the CCBHC;</i></b></li> </ul>		
<p><b>6.b.4</b> As an alternative to the board membership requirement, any organization selected for this demonstration project may establish and implement other means of enhancing its governing body's ability to insure that the CCBHC is responsive to the needs of its consumers, families, and communities. Efforts to insure responsiveness will focus on the full range of consumers, services provided, geographic areas covered, types of disorders, and levels of care provided. The state will determine if this alternative approach is acceptable and, if it is not, will require that additional or different mechanisms be</p>	<ul style="list-style-type: none"> <li>• <b><i>A substantial portion of the governing body consists of individuals, or family members of individuals, recovering from serious mental illness or a serious emotional disorder, and individuals, or family members of individuals, recovering from substance use disorders, who are receiving or have received behavioral health services from the CCBHC;</i></b></li> </ul>		

established to assure that the board is responsive to the needs of CCBHC consumers and families. Each organization will make available the results of their efforts in terms of outcomes and resulting changes.

- ***Develop a transition plan, with timelines appropriate to its governing board size and target population, designed to establish a governing body with either at least 51%, or a substantial portion, of the governing body consisting of individuals, or family members of individuals, recovering from serious mental illness or a serious emotional disorder, and individuals, or family members of individuals, recovering from substance use disorders, who are receiving or have received behavioral health services from the CCBHC;***
- ***If the CCBHC is a subsidiary or part of a larger corporate organization that cannot meet these requirements for board members, the CCBHC has or develops 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,***
- ***Establish and implement other means, approved by DMH, of enhancing its governing body's ability to insure that the CCBHC is responsive to the needs of individuals, and family members of individuals, recovering from serious mental illness or a serious emotional disorder, and individuals, and family members of individuals, recovering from substance use disorders, who are receiving or have received behavioral health services from the CCBHC, as well as the***

	<p><i>communities it serves. CCBHC should be able to document consumer, family, and community input and the impact of that input on CCBHC's policies, processes, and services.</i></p>		
<p><b>6.b.5</b> Members of the governing or advisory boards will be representative of the communities in which the CCBHC's service area is located and will be selected for their expertise in health services, community affairs, local government, finance and banking, legal affairs, trade unions, faith communities, commercial and industrial concerns, or social service agencies within the communities served. No more than one half (50 percent) of the governing board members may derive more than 10 percent of their annual income from the health care industry.</p>	<p><b><u>CCBHC Requirement:</u> To the extent practicable, CCBHC governing and/or advisory boards should be representative of the population being served in terms of demographic factors such as geographic area, race, ethnicity, sex, gender identity, disability, age and sexual orientation.</b></p> <p><b><u>CCBHC Requirement:</u> CCBHC governing board or advisory board members should be selected for their expertise in health services, community affairs, local government, finance and banking, legal affairs, trade unions, faith communities, commercial and industrial concerns, or social service agencies within the communities served.</b></p> <p><b><u>CCBHC Requirement:</u> No more than one-half (50%) of the governing board members may derive more than 10 percent of their annual income from the health care industry.</b></p>	<p>As part of its CCBHC application, the organization describes and documents its compliance with these requirements.</p>	
<p><b>6.b.6</b> States will determine what processes will be used to verify that these governance criteria are being met.</p>			

<b>Accreditation</b>			
<b>SAMHSA Criteria</b>	<b>Explanation/Interpretation</b>	<b>Documenting Compliance</b>	<b>Status</b>
<p><b>6.c.1</b> CCBHCs will adhere to any applicable state accreditation, certification, and/or licensing requirements.</p>	<p><b><i>CCBHC Requirement: The CCBHC shall be accredited by CARF and/or TJC to provide the following programs for children, adolescents, and adults:</i></b></p> <ul style="list-style-type: none"> <li>• <b><i>CARF Outpatient Mental Health and Outpatient Alcohol and other Drugs/Addictions or Outpatient AOD/MH, or TJC Comprehensive Behavioral Health</i></b> <ul style="list-style-type: none"> <li>○ <b><i>Provisional certification by DBH for Outpatient Mental Health and/or SUD (Level 3) services will be accepted in lieu of the required accreditation until an accreditation site visit can be scheduled, and accreditation achieved.</i></b></li> </ul> </li> <li>• <b><i>CARF or TCJ Health Home</i></b></li> <li>• <b><i>CARF Crisis Information and Call Center, or contract with a DCO that is accredited by CARF as a Crisis Information and Call Center</i></b></li> <li>• <b><i>CARF Crisis Intervention</i></b></li> </ul>	<p>The organization is accredited by CARF and/or TJC to provide the following programs for children, adolescents, and adults:</p> <ul style="list-style-type: none"> <li>• CARF Outpatient Mental Health and Outpatient Alcohol and other Drugs/Addictions or Outpatient AOD/MH, or TJC Comprehensive Behavioral Health <ul style="list-style-type: none"> <li>○ Provisional certification by DBH for Outpatient Mental Health and/or SUD (Level 3) services will be accepted in lieu of the required accreditation until an accreditation site visit can be scheduled, and accreditation achieved.</li> </ul> </li> <li>• CARF or TCJ Health Home</li> <li>• CARF Crisis Information and Call Center, or contract with a DCO that is accredited by CARF as a Crisis Information and Call Center</li> <li>• CARF Crisis Intervention</li> </ul>	
<p><b>6.c.2</b> States are encouraged to require accreditation of the CCBHCs by an appropriate nationally-recognized organization (e.g., the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities [CARF], the Council on Accreditation [COA], the Accreditation Association for Ambulatory Health Care [AAAHC]). Accreditation does not mean “deemed” status.</p>			