

Attachment 1. State's Compliance with CCBHC Criteria Checklist

STATE: _____

This compliance checklist includes the criteria required for the Certified Community Behavioral Health Clinics (CCBHCs) and their Designated Collaborating Organizations (DCOs) which together form the CCBHC. For each item below, write in one of the following ratings in the space provided that describes the CCBHCs readiness, as a whole in your state to implement each criteria:

1. Ready to implement
2. Mostly ready to implement
3. Ready to implement with remediation
4. Unready to implement

Program Requirement 1: Staffing

Criteria 1.A. General Staffing Requirements

1.a.1 Needs Assessment and Staffing Plan

_____ CCBHCs have completed a state approved needs assessment.

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

_____ CCBHC needs assessments addresses 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 CCBHCs' obligation to update the assessment at least every 3 years.

_____ The state approved a staffing plan for each CCBHC that reflects the findings of the needs assessment.

_____ The state based its requirements for services at each CCBHC, including care coordination, on the needs assessment findings.

1.a.2 Staff

_____ CCBHC staff (both clinical and non-clinical) is appropriate in size and composition for the population to be served by each of the CCBHCs.

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

1.a.3 Management Staffing

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

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

_____ CCBHCs that are unable to employ or contract with a psychiatrist are located in Health Resources and Services Administration (HRSA) behavioral health professional shortage areas and have documented reasonable and consistent efforts to obtain a psychiatrist as Medical Director.

CCBHC name(s): _____

_____ For those CCBHCs without a psychiatrist as Medical Director, provisions are made for psychiatric consultation and a medically trained behavioral health provider with appropriate education and licensure to independently prescribe is the Medical Director.

1.a.4 Liability/Malpractice Insurance

_____ CCBHCs maintain adequate liability/malpractice insurance.

Criteria 1.B. Licensure and Credentialing of Providers

1.b.1 Appropriate Licensure and Scope of Practice

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

_____ CCBHCs have policies or procedures in place to ensure continuation of licensure (non-lapse).

_____ CCBHCs have formal agreements in place with their Designated Collaborating Organizations (DCOs), ensuring the DCO staff members serving CCBHC consumers also have appropriate licensure.

1.b.2 Required Staffing

_____ CCBHC staffing plans meet requirements of the state behavioral health authority and any accreditation or other standards required by the state and identify specific staff disciplines that are required.

_____ CCBHCs staffing plans require 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, naltrexone and other medications used to treat opioid and alcohol use disorders.

_____ CCBHCs staffing plans require credentialed substance abuse specialists.

_____ CCBHCs Staffing plans require 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).

_____ CCBHCs staffing plans require other disciplines that can address needs identified by the needs assessment.

_____ CCBHCs have taken steps to alleviate workforce shortages where they exist.

Criteria 1.C. Cultural Competence and Other Training

1.c.1 Training Plans

_____ CCBHC training plans realistically address the need for culturally competent services given the needs identified in the needs assessment.

_____ CCBHC training plans require the following training at orientation and annually thereafter: (1) risk assessment, suicide prevention and suicide response; and (2) the roles of families and peers.

_____ CCBHC training plans require the following training at orientation and thereafter as needed: (1) cultural competence; (2) person-centered and family-centered, recovery-oriented, evidence-based and trauma-informed care; (3) integration of primary care and behavioral health care; and (4) a continuity plan.

_____ CCBHCs have policies or procedures in place to implement this training, ensure the competence of trainers and trainees, and keep track of training by employee.

_____ If active duty military and/or veterans are served, CCBHC cultural competency training includes information related to military culture.

1.c.2 – 1.c.4 Skills and Competence

_____ CCBHCs have written policies and procedures that describe the methods used for assessing skills and competencies of providers.

_____ CCBHC in-service training and education programs are provided.

_____ CCBHCs maintain a list of in-service training and educational programs provided during the previous 12 months.

_____ CCBHCs maintain documentation of completion of training and demonstration of competencies within staff personnel records.

_____ Individuals providing training to CCBHC staff have the qualifications to do so as evidenced by their education, training, and experience.

Criteria 1. D. Linguistic Competence

1.d.1 – 1.d.4 Meaningful Access

_____ If the CCBHCs serve consumers with Limited English Proficiency (LEP) or with language based disabilities; the CCBHCs take reasonable steps to provide meaningful access to their services for such consumers.

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

_____ CCBHC interpreters are trained to function in a medical setting.

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

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

_____ CCBHCs Consumers are made aware of resources designed to provide meaningful access.

1.d.5 Meaningful Access and Privacy

____ CCBHC policies have explicit provisions for ensuring that all employees, affiliated providers, and interpreters understand and adhere to confidentiality and privacy requirements applicable to the service provider, including but not limited to the requirements of the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2 (Confidentiality of Alcohol and Drug Abuse Patient Records), patient privacy requirements specific to care for minors, and other state and federal laws.

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

____ CCBHCs satisfy the requirements of privacy and confidentiality while encouraging communication between providers and family of the consumer.

Provide the pertinent criteria number and explain any response with a rating higher than 1.

Program Requirement 2: Availability and Accessibility of Services

Criteria 2.A. General Requirements of Access and Availability

2.a.1-2.a.8 Access and Availability Generally

____ CCBHCs take measures to ensure provision of a safe, functional, clean, and welcoming environment for consumers and staff.

____ CCBHCs comply with all relevant federal, state, and local laws and regulations regarding client and staff safety, cleanliness, and accessibility.

____ CCBHC outpatient clinic hours include some night and weekend hours and meet the needs of the population served.

____ CCBHC locations are accessible to the consumer population being served.

____ CCBHCs provide transportation or transportation vouchers for consumers as resources allow.

_____ CCBHCs plan to use mobile in-home, telehealth/telemedicine, and/or online treatment services, where appropriate, and have either sufficient experience or preparation to do so effectively.

_____ CCBHCs engage in outreach and engagement activities to assist consumers and families to access benefits and services.

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

_____ CCBHCs have adequate continuity of operations/disaster plans in place.

_____ CCBHCs provide available and accessible services that will accommodate the needs of the population to be served as identified in the needs assessment.

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

2.b.1 Timing of Screening, Evaluation and Provision of Services to New CCBHC Consumers⁴

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

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

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

_____ CCBHCs have in place policies and/or procedures for new consumers that include administration of a preliminary screening and risk assessment to determine acuity of needs in accordance with state standards.

⁴ Also see Criteria 4.D, related to the content of these evaluations.

_____ CCBHCs have in place policies and/or procedures for conducting: (1) an initial evaluation, and (2) a comprehensive person-centered and family-centered diagnostic and treatment planning evaluation in accordance with state standards.

_____ CCBHCs have in place policies and/or procedures to ensure immediate, appropriate action, including any necessary subsequent outpatient follow-up if the screening or other evaluation identifies an emergency or crisis need.

_____ CCBHCs have in place policies and/or procedures for initial evaluations that are conducted telephonically that require the initial evaluation to be reviewed and the consumer to be seen in person at the next encounter, once the emergency is resolved.

2.b.2 Updating Comprehensive Person-Centered and Family-Centered Diagnostic and Treatment Planning Evaluation⁵

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

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

2.b.3 Timing of Services for Established Consumers

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

⁵ See criteria 3.D and 4.E for other requirements related to the treatment planning process.

_____ CCBHCs have in place policies and/or procedures for established CCBHC consumers who present with an emergency/crisis need, that include options for appropriate and immediate action.

Criteria 2.C. Access to Crisis Management Services⁶

_____ CCBHCs provide crisis management services that are available and accessible 24 hours a day and required to be delivered within 3 hours.

_____ CCBHCs have policies or procedures in place requiring communication to the public of the availability of these services, as well as to consumers at intake, and that the latter is provided in a way that ensures meaningful access.

_____ CCBHCs have policies or procedures in place addressing: (1) coordination of services when consumers present to local emergency departments (EDs); (2) involvement of law enforcement when consumers are in psychiatric crisis; and (3) reducing delays in initiating services during and after a consumer has experienced a psychiatric crisis.

_____ CCBHCs are required to work with consumers at intake and after a psychiatric emergency or crisis to create, maintain and follow a crisis plan.

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

_____ CCBHCs has a policy that services cannot be refused because of inability to pay.

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

Criteria 2.E. Provision of Services Regardless of Residence

_____ CCBHCs have a policy that services cannot be refused due to residence.

_____ CCBHCs have in place policies or protocols addressing services for those living out of state.

_____ CCBHCs have policies or procedures ensuring: (1) services will not be denied to those who do not live in the catchment area (if there is one), including provision of crisis services,

⁶ See criteria 4.C regarding content of crisis services and 3.a.4 regarding crisis planning in the context of care coordination.

provision of other services, and coordination and follow-up with providers in the individual's catchment area; and (2) services will be available for consumers living in the CCBHC catchment area but who are distant from the CCBHC.

Provide the pertinent criteria number and explain any response with a rating higher than 1.

Program Requirement 3: Care Coordination⁷

Criteria 3.A. General Requirements of Care Coordination

_____ CCBHCs coordinate 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.

_____ CCBHCs have procedures in place that comply with HIPAA, 42 CFR Part 2, requirements specific to minors, and other privacy and confidentiality requirements of state or federal law addressing care coordination and in interactions with the DCOs,

_____ CCBHCs have policies and/or procedures in place to encourage participation by family members and others important to the consumer in care coordination, subject to privacy and confidentiality requirements and subject to consumer consent.

_____ CCBHC have policies and procedures in to assist consumers and families of children and adolescents in obtaining appointments and keeping the appointment when there is a referral to an outside provider, subject to privacy and confidentiality requirements and consistent with consumer preference and need.

_____ CCBHCs have procedures for medication reconciliation with other providers.

⁷ If the answer to any question is "No," please provide justification at the end of the program requirement checklist.

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

_____ CCBHCs have health information technology (HIT) systems in place that (1) include EHRs; (2) can capture demographic information, diagnoses, and medication lists; (3) provide clinical decision support; and (4) can electronically transmit prescriptions to the pharmacy.

_____ CCBHC HIT systems allow reporting on data and quality measures required by the criteria.

_____ CCBHCs have plans in place to use the HIT system to conduct activities such as population health management, quality improvement, disparity reduction, outreach and research.

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

_____ CCBHCs recognize the requirement to have a plan in place by the end of the 2-year demonstration program, focusing on ways to improve care coordination between the CCBHCs and DCOs using HIT. The plan should include how the CCBHC can support electronic health information exchange to improve care transitions to and from the CCBHC using the HIT system they have or are developing related to transitions of care.

Criteria 3.C. Care Coordination Agreements

CCBHCs are expected to work towards formal agreements (contract, Memorandum of Agreement (MOA), or Memorandum of Understanding (MOU)) during the 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.

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

_____ CCBHCs have protocols for care coordination with other primary care providers when they are the provider of health care for consumers.

_____ CCBHCs have an agreement in place with ***Inpatient psychiatric treatment, with ambulatory and medical detoxification, post-detoxification step-down services, and residential programs.***

_____ CCBHCs have provisions for tracking consumers admitted to and discharged from these facilities (unless there is a formal transfer of care).

_____ CCBHCs have protocols for transitioning consumers from EDs and these other settings to a safe community setting, including transfer of medical records, prescriptions, active follow-up, and, where appropriate, a plan for suicide prevention and safety, and for provision of peer services.

_____ CCBHCs have an agreement in place with **Community or regional services, supports, and providers**. These include the following specified in the statute: schools; child welfare agencies; juvenile and criminal justice agencies and facilities including drug, mental health, veterans and other specialty courts; Indian Health Service (IHS) youth regional treatment centers; state licensed and nationally accredited child placing agencies for therapeutic foster care service; and other social and human services. Also noted in the criteria as potentially relevant are the following: specialty providers of medications for treatment of opioid and alcohol dependence; suicide/crisis hotlines and warm lines; other IHS or tribal programs; homeless shelters; housing agencies; employment services systems; services for older adults, such as Aging and Disability Resource Centers; and other social and human services (e.g., domestic violence centers, pastoral services, grief counseling, Affordable Care Act navigators, food and transportation programs).

_____ CCBHCs have an agreement in place with the nearest **Department of Veterans Affairs' medical center, independent clinic, drop-in center, or other facility of the Department**

- _____ CCBHCs explored agreements with each of the facilities of different types are nearby.

_____ CCBHCs have an agreement in place 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**.

- _____ CCBHCs have provisions for tracking consumers admitted to and discharged from these facilities (unless there is a formal transfer of care from a CCBHC).
- _____ CCBHCs have procedures and services for transitioning consumers from EDs and these other settings to CCBHC care, for shortened lag time between assessment and treatment, and for transfer of medical records, prescriptions, active follow-up.
- _____ CCBHCs have care coordination agreements that require coordination of consent and follow-up within 24 hours, continuing until the consumer is linked to

services or is assessed as being no longer at risk, for consumers presenting to the facility at risk for suicide.

- _____ CCBHCs make and document reasonable attempts to contact all consumers discharged from these settings within 24 hours of discharge.

Criteria 3.D. Treatment Team, Treatment Planning and Care Coordination Activities⁸

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

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

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

_____ CCBHCs coordinate care provided by DCOs.

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

_____ CCBHCs provide recovery support needs of CCBHC consumers, including, as appropriate, traditional approaches to care for consumers who may be American Indian or Alaska Native.,

Provide the pertinent criteria number and explain any response with rating higher than 1.

⁸ See criteria 2.b.2 and 4.E related to other aspects of treatment planning.

Program Requirement 4: Scope of Services⁹

Criteria 4.A. General Service Provisions

_____ CCBHCs directly provide, at a minimum, the four required services.

_____ CCBHC formal agreements with DCOs in the state make clear that the CCBHC retains ultimate clinical responsibility for CCBHC services provided by DCOs.

_____ All required CCBHC services, if not available directly through the CCBHC, are provided through a DCO.

_____ CCBHC consumers have freedom to choose providers within the CCBHC and its DCOs.

_____ CCBHC consumers have access to CCBHC grievance procedures, including for CCBHC services provided by a DCO.

_____ With regard to CCBHC or DCO services, the grievance process satisfies the minimum requirements of Medicaid and other grievance requirements such as those that may be mandated by relevant accrediting entities.

_____ CCBHC services provided by DCOs meet the same quality standards as those required of the CCBHC.

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

_____ CCBHCs and its DCOs provide are person-centered and family-centered and recovery oriented, being respectful of the individual consumer's needs, preferences, and values, and ensuring both consumer involvement and self- direction of services received.

_____ The services that CCBHCs and its DCOs provide for children and adolescents are family-centered, youth-guided, and developmentally appropriate.

_____ CCBHC services are culturally appropriate, as indicated in the needs assessment.

Criteria 4.C. Crisis Behavioral Health Services¹⁰

_____ The following services are explicitly included among CCBHC services that are provided directly or through an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services: (1) 24 hour mobile crisis teams, (2) emergency crisis intervention services, (3) crisis stabilization services, (4) suicide crisis

⁹ If the answer to any question is "No," please provide justification at the end of the program requirement checklist.

¹⁰ See criteria 2.C regarding access to crisis services.

response, and (5) services for substance abuse crisis and intoxication, including ambulatory and medical detoxification services.

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

- _____ The CCBHCs directly
 - _____ An existing system or network with which the CCBHCs have a formal agreement. Describe the existing system.
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Criteria 4.D. Behavioral Health Screening, Assessment, and Diagnosis¹¹

_____ CCBHCs directly provide behavioral health screening, assessment, and diagnosis, including risk assessment, in the state.

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

_____ CCBHC's initial evaluation of consumers includes the following: (1) preliminary diagnoses; (2) source of referral; (3) reason for seeking care, as stated by the consumer or other individuals who are significantly involved; (4) identification of the consumer's immediate clinical care needs related to the diagnoses for mental and substance use disorders; (5) a list of current prescriptions and over-the-counter medications, as well as other substances the consumer may be taking; (6) an assessment of whether the consumer is a risk to self or to others, including suicide risk factors; (7) an assessment of whether the consumer has other concerns for their safety; (8) assessment of need for medical care (with referral and follow-up as required); (9) a determination of whether the person presently is or ever has been a member of the U.S. Armed Services; and (10) such other assessment as the state may require as part of the initial evaluation.

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

¹¹ See criteria 2.B regarding timing of evaluations and assessments.

_____ CCBHCs regularly obtain release of information consent forms as feasible as part of the initial evaluation.

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

_____ CCBHCs meet applicable state, federal or applicable accreditation standards for comprehensive diagnostic and treatment planning evaluations

_____ CCBHCs conduct screening, assessment and diagnostic services in a timely manner as defined by the state and in a time period responsive to consumers' needs.

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

_____ CCBHCs use standardized and validated screening and assessment tools, and, where appropriate motivational interviewing techniques.

_____ CCBHCs use culturally and linguistically appropriate screening tools.

_____ CCBHCs use tools/approaches that accommodate disabilities (e.g., hearing disability, cognitive limitations), when appropriate.

_____ CCBHCs conduct a brief intervention and provide or refer the consumer for full assessment and treatment if screening identifies unsafe substance use including problematic alcohol or other substance use.

Criteria 4.E. Person-Centered and Family-Centered Treatment Planning¹²

_____ CCBHCs directly provide person-centered and family-centered treatment planning in the state.

- _____ Describe additional state requirements, if any, based on the population served, as to what must be included in person-centered and family-centered treatment planning within the CCBHC care system.
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¹² See criteria 2.b.2 and 3.D regarding other aspects of treatment planning.

_____ CCBHCs provide for collaboration with and endorsement by (1) consumers, (2) family members or caregivers of child and adolescent consumers, and (3) to the extent adult consumers wish, adult consumers' families.

_____ CCBHCs use Individualized treatment planning that includes shared decision-making; addresses all required services; is coordinated with the staff or programs needed to carry out the plan; includes provision for monitoring progress toward goals; is informed by consumer assessments; and considers consumers' needs, strengths, abilities, preferences, and goals, expressed in a manner capturing consumers' words or ideas and, when appropriate, those of consumers' families/caregivers.

_____ CCBHCs seek consultation for special emphasis problems and the results of such consultation are included in the treatment plan.

_____ CCBHCs document consumers' advance wishes related to treatment and crisis management or consumers' decisions not to discuss those preferences.

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

_____ CCBHCs directly provide outpatient mental health and substance use services.

_____ CCBHCs provide state identified evidence-based or best practices outpatient mental health and substance use services.

_____ CCBHCs make available specialized services for purposes of outpatient mental and substance use disorder treatment, through referral or formal arrangement with other providers or, where necessary and appropriate, through use of telehealth/telemedicine services.

_____ CCBHCs provide evidenced-based services that are developmentally appropriate, youth guided, and family or caregiver driven to children and adolescents.

_____ CCBHCs consider the individual consumer's phase of life, desires and functioning and appropriate evidenced-based treatments.

_____ CCBHCs consider the level of functioning and appropriate evidenced-based treatments when treating individuals with developmental or other cognitive disabilities.

_____ CCBHCs deliver treatment by staff with specific training in treating the segment of the population being served.

_____ CCBHCs use approaches when addressing the needs of children that comprehensively address family/caregiver, school, medical, mental health, substance abuse, psychosocial, and environmental issues.

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

_____ CCBHCs are responsible for outpatient clinic primary care screening and monitoring of key health indicators and health risk and that care is coordinated. If primary care screening and monitoring are offered by a DCO(s), the CCBHCs have a formal agreement with the DCO(s).

_____ CCBHCs are collecting and reporting the following (derived from the Appendix A quality measures) : (1) adult body mass index (BMI) screening and follow-up; (2) weight assessment and counseling for nutrition and physical activity for children and adolescents; (3) care for controlling high blood pressure; (4) diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications; (5) diabetes care for people with serious mental illness: Hemoglobin A1c (HbA1c); (6) metabolic monitoring for children and adolescents on antipsychotics; (7) cardiovascular health screening for people with schizophrenia or bipolar disorder who are prescribed antipsychotic medications; and (8) cardiovascular health monitoring for people with cardiovascular disease and schizophrenia?

_____ CCBHCs ensure that children receive age appropriate screening and preventive interventions including, where appropriate, assessment of learning disabilities, and older adults receive age appropriate screening and preventive interventions

Criteria 4.H. Targeted Case Management Services

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

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

Criteria 4.I. Psychiatric Rehabilitation Services

_____ CCBHCs are responsible for evidence-based and other psychiatric rehabilitation services. If psychiatric rehabilitation services are offered by a DCO(s), the CCBHCs have a formal agreement with the DCO(s).

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

_____ CCBHCs are responsible for peer specialist and recovery coaches, peer counseling, and family/caregiver supports. If peer support, peer counseling and family/caregiver support services are offered by a DCO(s), the CCBHCs have a formal agreement with the DCO(s).

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

_____ CCBHCs are responsible for intensive, community-based behavioral health care for certain members of the U.S. Armed Forces and veterans, particularly those Armed Forces members located 50 miles or more (or one hour's drive time) from a Military Treatment Facility (MTF) and veterans living 40 miles or more (driving distance) from a VA medical facility, or as otherwise required by federal law. The state has demonstrated efforts to facilitate the provision of intensive community-based behavioral health services to veterans and active duty military personnel.

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

_____ CCBHCs ask and document asking all individuals inquiring about services, whether they have ever served in the U.S. military. For those affirming current or former service in the U.S. military CCBHCs either direct them to care or provide care through the CCBHC as required by criterion 4.k.2.

_____ CCBHCs offer assistance with enrollment in the VHA for the delivery of health and behavioral health services to persons affirming former military service.

_____ CCBHCs provide coordination between the care of substance use disorders and other mental health conditions for veterans and active duty military personnel who experience both, to the extent those services are appropriately provided by the CCBHC in accordance with criteria 4.k.1 and 4.k.2.

_____ CCBHCs provide for integration and coordination of care for behavioral health conditions and other components of health care for all veterans and active duty military personnel who experience both, to the extent those services are appropriately provided by the CCBHC in accordance with criteria 4.k.1 and 4.k.2.

_____ CCBHCs assign a Principal Behavioral Health Provider to every veteran seen, unless the VHA has already assigned a Principal Behavioral Health Provider.

_____ CCBHCs provide care and services for veterans that are recovery-oriented, adhere to the guiding principles of recovery, VHA recovery, and other VHA guidelines.

_____ CCBHC staff who work with military or veteran consumers are trained in cultural competence, and specifically military and veterans' culture.

_____ CCBHCs develop a behavioral health treatment plan for all veterans receiving behavioral health services compliant with provisions of Criteria 4.K.

Provide the pertinent criteria number and explain any response with a rating higher than 1.

Program Requirement 5: Quality and Other Reporting¹³

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

_____ The state has the capacity to annually report any data or quality metrics required of it, including but not limited to CCBHC-level Medicaid claims and encounter data. The data include a unique consumer identifier, unique clinic identifier, date of service, CCBHC service, units of service, diagnosis, Uniform Reporting System (URS) information, pharmacy claims, inpatient and outpatient claims, and any other information needed to provide data and quality metrics required in Appendix A of the criteria. Data are reported through the Medicaid Management Information System (MMIS/T-MSIS).

_____ The state has to capacity to provide Treatment Episode Data Set (TEDS) data and other data that may be required by HHS and the evaluator.

_____ CCBHCs evidence the ability (for, at a minimum, all Medicaid enrollees) to collect, track, and report data and quality metrics as required by the statute, criteria, and PPS guidance, and as required for the evaluation and annually submit a cost report with supporting data within six months after the end of each demonstration year to the state.

¹³ If the answer to any question is "No," please provide justification at the end of the program requirement checklist.

_____ CCBHCs have policies and procedures in place requiring and enabling annual submission of the cost report within 6 months after the end of the demonstration year.

_____ CCBHCs have formal arrangements with the DCOs to obtain access to data needed to fulfill their reporting obligations and to obtain appropriate consents necessary to satisfy HIPAA, 42 CFR Part 2, and other requirements.

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

_____ CCBHCs have written CQI plans that satisfy the requirements of the criteria and have been reviewed and approved by the state as part of certification.

_____ CCBHC’s CQI plans specifically address (1) consumer suicide attempts and deaths, (2) 30-day hospital readmissions, and (3) whether the state has required that the plans address any other state-specific subjects; if so, these subjects include the following:

_____.

Provide the pertinent criteria number and explain any response with a rating higher than 1.

Program Requirement 6: Organizational Authority, Governance, and Accreditation¹⁴

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

_____ CCBHCs organizational authority is among those listed in the statute and criteria.

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

¹⁴ If the answer to any question is “No,” please provide justification at the end of the program requirement checklist.

_____ The CCBHCs have a procedure for an annual financial audit and correction plan, when the latter is necessary.

Criteria 6.B. Governance

_____ CCBHCs 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 CCBHCs incorporate meaningful participation by adult consumers with mental illness, adults recovering from substance use disorders, and family members of CCBHC consumers through the options listed below. Identify which method was used to certify the CCBHCs. If more than one option was used in the state, please identify the CCBHC to which the option applies.

- _____ 51 percent of the board are families, consumers or people in recovery from behavioral health conditions. The CCBHC has described how it meets this requirement or developed a transition plan with timelines appropriate to its governing board size and target population to meet this requirement that is satisfactory to the state.
- _____ A substantial portion of the governing board members meet this criteria and other specifically described methods for consumers, people in recovery and family members to provide meaningful input to the board about the CCBHC's policies, processes, and services, The state has reviewed and approved and documented its approval of the proportion of the governing board members and methods to obtain meaningful input to the board.
- _____ 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 has specified and documented the reasons why the CCBHC cannot meet these requirements and the CCBHC has developed an advisory structure and other specifically described methods for consumers, persons in recovery, and family members to provide meaningful input to the board about the CCBHC's policies, processes, and services.

Provide the pertinent criteria number and explain any response with a rating higher than 1.

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Attachment 2. Include a statement that describes the target Medicaid population(s) to be served under the demonstration program.

Pennsylvania has the 7th largest Medicaid/CHIP population in the nation, serving 2,934,433 individuals. This represents an increase of 446,307 since the first Marketplace Open Enrollment Period and related Medicaid program changes associated with the Affordable Care Act were initiated in October 2013, and highlights the Commonwealth's success in facilitating enrollment in the Medicaid and CHIP programs. Pennsylvania's Medicaid and CHIP population is being served by a growing workforce, as the number of Medicaid/CHIP providers has increased to 9,696 therapists in 2016, reflecting a 46.2% increase since 2013, and 70,059 physicians, a 32.0% increase since 2013.

Pennsylvania's Medicaid/CHIP population is diverse, with 58.5% of participants identifying as White, 25.2% as Black/African-American, 12.8% as Hispanic, and 3.0% as Asian. This diversity is reflective of the nation overall, as the Commonwealth's Medicaid/CHIP population has the 17th highest Black/African-American population and the 22nd highest Hispanic population among states. Pennsylvania's participants include 42% children and adolescents, 50% adults under age 65, and 8% adults age 65 and over. This age distribution closely mirrors that of the nation's Medicaid/CHIP population, with national rates of 48%, 42%, and 9% for children, adults, and seniors, respectively. In addition, the Commonwealth's Medicaid/CHIP population has a more evenly distributed gender distribution than the nation overall, as 44.7% of Pennsylvania's participants are male vs. 42% nationally.

Pennsylvania serves its Medicaid/CHIP population primarily through a state supervised, county administered system of community behavioral health (BH) services, with county government having the primary responsibility for the provision of mental health and substance use services. Funding for BH services in Pennsylvania is provided through a mixture of commonwealth funds and Medicaid dollars. Services are delivered through a system of BH Managed Care Organizations (BH-MCOs) working collaboratively with counties and a system of private provider agencies. Implemented in 1997, the HealthChoices BH (HC-BH) program is the Commonwealth of Pennsylvania's Medicaid managed care program for BH services. The HC-BH program is operated by the Pennsylvania Department of Human Services (DHS), Office of Mental Health and Substance Abuse Services (OMHSAS). Medicaid eligible individuals have a choice of managed care plans for medical coverage and are enrolled in a separate managed care BH plan based on the county in which they reside. There are 34 HC-BH contracts with five BH-MCOs providing services for the HC-BH program.

The Medicaid managed care program for BH services has supported increased services and improved access. In CY 2014, the penetration rate for overall BH services was 19.9% across all ages. For individuals between the ages of 22 and 64, the overall penetration rate was 29.1% (7.6% for D&A services and 27.1% for MH services).

Attachment 3. Pennsylvania Clinics and Their Designated Collaborating Organizations (DCOs)

NOTE: *Clinics are listed in alphabetical order by clinic name.*

PA CLINIC #1: Berks Counseling Center – Berks County

CCBHC Address: **645 Penn Street, Second Floor
Reading, PA 19601**

CCBHC Contact:

Name: Frances Malley
Title: Chief Executive Officer
Phone: 610-373-4281, ext. 283

DCO #1

Name: Service Access Management
Address: 19 North 6th Street
Reading, PA 19601
Services: Crisis Services: 24/7 Mobile, Walk-in, and Phone

DCO #2

Name: Threshold
Address: 1000 Lancaster Avenue
Reading, PA 19607
Services: Psychiatric Rehabilitation Services

BCC will provide all other required CCBHC services directly.

PA CLINIC #2: Cen Clear Child Services – Clearfield County

CCBHC Address: **60 Industrial Park Road
Clearfield, PA 16830**

CCBHC Contact:

Name: Mark Wendel
Title: Director of Mental Health/DA
Phone: 814-342-5845 ext. 2511

DCO #1

Name: Community Guidance Center
Address: 100 Caldwell Drive
Dubois, PA 15801
Services: Blended Case Management
Mobile/Site Psychiatric Rehabilitation

DCO #2

Name: Clearfield/Jefferson Co. SCA
Address: 135 Midway Drive
DuBois, PA 15801
Services: DA Case Coordination

DCO #3

Name: The Meadows
Address: 132 The Meadows Drive
Centre Hall, PA 16828
Services: Crisis Intervention

Cen Clear Child Services will provide all other required CCBHC services directly.

PA CLINIC #3: Cen Clear Punxsy – Jefferson County

CCBHC Address: **117 Elk Run Road
Punxsutawney, PA 15767**

CCBHC Contact:

Name: Mark Wendel
Title: Director of Mental Health/DA
Phone: 814-342-5845 ext. 2511

DCO #1

Name: Community Guidance Center
Address: 100 Caldwell Drive
Dubois, PA 15801
Services: Blended Case Management
Mobile/Site Psychiatric Rehabilitation

DCO #2

Name: Clearfield/Jefferson Co. SCA
Address: 135 Midway Drive
DuBois, PA 15801
Services: DA Case Coordination

DCO #3

Name: The Meadows
Address: 132 The Meadows Drive
Centre Hall, PA 16828
Services: Crisis Intervention

Cen Clear Punxsy will provide all other required CCBHC services directly.

**PA CLINIC #4: Community Council Health Systems –
Philadelphia County**

CCBHC Address: **4900 Wyalusing Avenue
Philadelphia, PA 19131**

CCBHC Contact:

Name: Wanda Moore
Title: Compliance Officer
Phone: 215-473-7033, ext. 7234

CCHS will provide ALL required CCBHC services directly.

PA CLINIC #5: NHS Delaware County

CCBHC Address: **800 Chester Pike
Sharon Hill, PA 19079**

CCBHC Contact:

Name: William diGeorge
Title: Executive Director
NHS Delaware County
Phone: 610 537-5349

DCO #1

Name: Elwyn
Address: 111 Elwyn Road
Elwyn, PA 19063
Services: Mobile Crisis Services

NHS Delaware County will provide all other required CCBHC services directly.

PA CLINIC #6: Northeast Treatment Centers – Philadelphia County

CCBHC Address: **499 North 5th Street
Philadelphia, PA 19123**

CCBHC Contact:

Name: Regan Kelly
Title: President/CEO
Phone: 215-408-4943

DCO #1

Name: COMHAR
Address: 100 West Lehigh Avenue
Philadelphia, PA 19133
Services: Psych Rehab

NET will provide all other required CCBHC services directly.

PA CLINIC #7: Pittsburgh Mercy – Allegheny County

CCBHC Address: **330 South 9th Street
Pittsburgh, PA 15203**

CCBHC Contact:

Name: Bob Adamson
Title: Senior Director, Mercy Behavioral Health
Phone: 412-323-4515

DCO #1

Name: re:solve Crisis Network
Address: 333 North Braddock Avenue
Pittsburgh, PA 15208
Services: Mobile Crisis

Pittsburgh Mercy will provide all other required CCBHC services directly.

**PA CLINIC #8: Resources for Human Development –
Montgomery County**

CCBHC Address: **Lower Merion Counseling Services and Lower Merion Mobile
Services (LMCS/LMMS)
850 West Lancaster Avenue, 2nd Floor
Bryn Mawr, PA 19010**

CCBHC Contact:

Name: Paula Budnick
Title: Director
Phone: 610-520-1510, ext. 224

DCO #1

Name: Access Services, Inc.
Address: 521 Plymouth Road, Suite 108
Plymouth Meeting, PA 19464
Services: Adult and Children Mobile Crisis Services

RHD LMCS/LMMS will provide all other required CCBHC services directly.

**PA CLINIC #9: Safe Harbor Behavioral Health of UPMC Hamot –
Erie County**

CCBHC Address: **1330 West 26th Street
Erie, PA 16508**

CCBHC Contact:

Name: Mandy Fauble
Title: Vice President of Clinical Operations
Phone: 814-451-2225

SHBH will provide ALL required CCBHC services directly.

PA CLINIC #10: The Guidance Center – McKean County

CCBHC Address: **110 Campus Drive
Bradford, PA 16701**

CCBHC Contact:

Name: Heidi Stahlnecker
Title: Director of Program Development
Phone: 814-371-0613

The Guidance Center will provide ALL required CCBHC services directly.

Attachment 4. PA Agreement to Pay PPS Rate

The Commonwealth of PA, Department of Human Services, agrees to pay for CCBHC services at the rate(s) established under the prospective payment system. The Commonwealth chose PPS-1 as the method of payment.

A handwritten signature in cursive script that reads "Terry L. Mardis".

Terry L. Mardis, Acting Director
Bureau of Financial Management and Administration
Office of Mental Health and Substance Abuse Services
PA Department of Human Services

Attachment 5. CCBHC Scope of Services

The Pennsylvania Medicaid State Plan provides a full array of mental health and substance use services that include many of the services required by the CCBHC criteria. Outpatient psychiatric services, mobile mental health treatment, outpatient drug and alcohol treatment, methadone maintenance, peer support, crisis intervention and targeted case management services are in the State Medicaid Plan. Although not in the State Plan, psychiatric rehabilitation services are offered as a licensed program, funded by the Behavioral Health Managed Care Organizations as in lieu of services. Pennsylvania requires every county or county joiner to have a licensed Crisis Intervention Program that includes mobile, telephone, and site based services. BH licensing regulations require providers of services to have letters of support with various agencies and providers to ensure coordination of care to treat the whole person and seamless transition between services.

SUD services in Pennsylvania are provided through fee-for-service (FFS) and 1115 and 1915(b) waiver programs. FFS and 1115 waivers support acute care model benefits, and the 1915(b) waiver includes recovery-oriented services. SUD services within Medicaid include inpatient, residential detoxification and rehabilitation, outpatient therapy, and methadone maintenance treatment. Utilization of reinvestment under the 1915(b) provides an array of recovery support services.

A range of services for individuals birth to age 21 are included in the State Medicaid Plan as well as available under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) provisions of Medicaid. Thus the standard array of outpatient, inpatient, and partial hospital services are available, as well as in-home family based mental health services and psychiatric residential treatment services. In addition, an extensive range of individualized BH rehabilitation services are available including services such as behavior specialist consultants, mobile therapists, and therapeutic staff support.

Each of the ten (10) CCBHCs have developed a plan to provide the required services either directly or through a Designated Collaborating Organization (DCO) arrangement. The licensure or certification requirements of Pennsylvania will be followed in the delivery of all services.

CCBHC Services	License or certification required	Provided Directly/DCO
Crisis behavioral health services: <ul style="list-style-type: none"> • Mental health crisis intervention including 24 hour mobile crisis teams, emergency crisis intervention, & crisis stabilization and suicide crisis response 	Licensed Crisis Intervention Service as a part of a state	Pennsylvania has a state sanctioned Crisis Intervention Program. <ul style="list-style-type: none"> • Four CCBHCs are the state sanctioned program in their catchment area and

<ul style="list-style-type: none"> • Mild Substance abuse withdrawal management with daily or less than daily outpatient supervision 	<p>sanctioned program</p>	<p>will be the direct provider of crisis services.</p> <ul style="list-style-type: none"> • Six CCBHCs have a DCO with the state sanctioned program in their catchment area.
<p>Behavioral health screening assessment and diagnosis; risk assessment:</p> <ul style="list-style-type: none"> • Regular screenings done as part of the initial evaluation enables earlier identification of mental health and substance use disorders, which translates into earlier care. The initial evaluation includes: <ul style="list-style-type: none"> ○ Preliminary diagnosis ○ The source of referral ○ Reason for seeking care as stated by the consumer or significant other ○ Identification of immediate clinical care needs related to MH and SUD diagnosis ○ List of current medications and OTCs and other substances ○ Risk assessment including suicide risk assessment ○ Safety assessment ○ Medical care assessment ○ Veteran status 	<ul style="list-style-type: none"> • Outpatient Psychiatric clinic license • Outpatient D&A License 	<p>All of the CCBHC are licensed outpatient clinics and will provide the screening assessment and diagnosis services directly.</p>
<p>Patient-centered treatment planning (including risk assessment and crisis planning):</p> <ul style="list-style-type: none"> • Person-Centered planning directed by the participant, to identify the strengths, capacities, preferences, needs and desired outcomes of the participant. The process is utilized to develop any service plan of care or, individual action plan. It includes shared decision-making, trauma-informed care, understanding and considering cultural differences and 	<ul style="list-style-type: none"> • Outpatient Psychiatric clinic license • Outpatient D&A License 	<p>All of the CCBHC are licensed outpatient clinics and will provide the patient centered treatment planning, risk assessment and crisis planning directly.</p>

preferences, and the value of informal and peer supports.		
<p>Outpatient mental health and substance use services:</p> <ul style="list-style-type: none"> • Mental Health and Substance Use care provided in an outpatient setting and including intensive outpatient services 	<ul style="list-style-type: none"> • Outpatient Psychiatric clinic license • Outpatient D&A License 	All of the CCBHC are licensed outpatient clinics and will provide the outpatient services directly.
<p>Outpatient clinic primary care screening and monitoring of key health indicators and health risk:</p> <ul style="list-style-type: none"> • Routine screening for common medical conditions through measurement and monitoring of blood pressure, weight, body mass index (BMI), and blood work which follows practice guidelines. 	N/A	Each of the CCBHCs have qualified staff who will provide the primary screening and monitoring of key health indicators.
<p>Targeted case management (TCM):</p> <ul style="list-style-type: none"> • TCM assists persons in sustaining recovery and gaining access to needed: <ul style="list-style-type: none"> ○ Medical; ○ Social; ○ Legal; ○ Educational; ○ Other services & supports. 	Case management license (ICM, RC, Blended)	<p>Pennsylvania licenses TCM.</p> <ul style="list-style-type: none"> • Eight CCBHCs will directly provide TCM. • Two CCBHCs will have a DCO with a licensed TCM Program in their catchment area.
<p>Psychiatric rehabilitation services:</p> <ul style="list-style-type: none"> • Psychiatric rehabilitation services may be site-based or mobile and can include: <ul style="list-style-type: none"> ○ Medication education; ○ Person-centered and family psychoeducation; ○ Community integration; ○ Illness management & recovery; ○ Wellness 	Psychiatric rehabilitation license	<p>Pennsylvania licenses psychiatric rehabilitation services.</p> <ul style="list-style-type: none"> • Six CCBHCs will directly provide psychiatric rehabilitation services. • Four CCBHCs will have a DCO with a licensed psychiatric rehabilitation services program in their catchment area.
<p>Peer support and counselor services and family supports:</p> <ul style="list-style-type: none"> • peer crisis support • forensic peer support • youth peer support 	<ul style="list-style-type: none"> • Certified Peer Specialist 	Pennsylvania has a statewide process to certify Peer Specialist. Additional training is offered to support forensic peers, transition age youth

<ul style="list-style-type: none"> • older adult peer support • family/caregiver support 	<ul style="list-style-type: none"> • Certified Recovery Specialists 	peers, older adult peers, and veteran peers. Each of the CCBHCs have qualified staff who will provide the peer support, recovery specialists, and family supports directly.
Intensive, community based mental health care for members of the armed forces and veterans.	N/A	All of the CCBHCs will have in place a process to identify members of the armed forces and veterans who may present for services. Agreements will be in place with available veterans organization include VA centers.