Application for Oregon's CCBHC Program

Background - Application for Oregon's CCBHC Program

Important Note:

Before completing this application for Oregon's Certified Community Behavioral Health Clinic (CCBHC) Program, Oregon Health Authority (OHA) highly recommends your organization reviews and completes the New Integrated CCBHC Certification Criteria Feasibility and Readiness Tool. Depending on your familiarity with the Readiness Tool and your organization's associated responses, this online application may take between 1 hour to 3 hours to complete. The tool and additional requirements for CCBHC certification are located on the Oregon Health Authority CCBHC website

Clinics applying to become CCBHCs in Oregon need to meet the Substance Abuse and Mental Health Services Administration's (SAMHSA's) nation-wide CCBHC requirements (Section A - Program Requirements 1-6) AND nine Oregon-specific CCBHC standards (Section B - Oregon CCBHC Standards 1-9). Please note, a response is required for each section. A comment box is available at the end of each program requirement in Section A, and again at the end of Section B.

Background:

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

• Creates criteria for "Certified Community Behavioral Health Clinics" (CCBHCs) as entities designed to serve individuals with serious mental illnesses and substance use disorders that provide intensive, person-centered, multidisciplinary, evidence-based screening, assessment, diagnostics, treatment, prevention, and wellness services. The Secretary of the Department of Health and Human Services is directed to establish a process for selecting 8 states to participate in a 2-year pilot program.

• Provides $25 million that will be available to states as planning grants to identify how CCBHCs fit into system redesign efforts and to develop applications to participate as a demonstration state. Only states that have received a planning grant will be eligible to apply to participate in the pilot.

• Requires participating states to develop a Prospective Payment System (PPS) for reimbursing CCBHCs for required services provided by these entities.

Participating states will receive an enhanced Medicaid match rate for all of the required services provided by the CCBHCs.Oregon was one of twenty-four states awarded a one-year CCBHC planning grant.

It is important to understand that a CCBHC is a new provider type. Therefore, for an entity or a

state to assess readiness for a new provider type, there are specific comprehensive requirements that must be understood and incorporated into the responses in the Application for Oregon's CCBHC Program, as outlined below:

1. CCBHCs have a distinct service delivery model – trauma-informed recovery outside the traditional four walls of a historical community behavioral health center;

2. CCBHCs have a new Prospective Payment System (PPS) payment methodology (particularly in reference to PPS-2 rate setting states);

3. CCBHCs have a requirement to have meta-data that is tied to the definition of the provider type (not necessarily tied to the historical "four walls" delivery systems);

4. In some cases, CCBHCs may contract contract with other organizations such as a DCO.

This application for Oregon's CCBHCs is adapted from a tool developed by the National Council in partnership with MTM Services, COCHS, and McBee Associates. The original tool can be found here.

Overview of Sections and Scoring

Overview of Section A - SAMHSA's CCBHC Program Requirements
Program Requirement 1: Staffing
Program Requirement 2: Availability and Accessibility of Services
Program Requirement 3: Care Coordination
Program Requirement 4: Scope of Services
Program Requirement 5: Quality and Other Reporting
Program Requirement 6: Organizational Authority, Governance and Accreditation

Overview of Section B - Oregon CCBHC Standards
Standard 1: Telephone and Electronic Acccess
Standard 2: Performance and Clinical Quality
Standard 3: Provision of Services
Standard 4: Coordination and Integration with Primary Care
Standard 5: Organization of CCBHC information
Standard 6: Specialized Care Setting Transition
Standard 7: Care Coordination
Standard 8: End of Life Planning
Standard 9: Language and Cultural Interpretation

Scoring for Sections A and B
Each program requirement under Section A has many sub-requirements. For most sub-requirements, the application asks your clinic to first assess if the clinic is <u>currently</u> meeting the requirement (Yes or No), and then has a five-point scale to determine the clinic's level of concern to develop the capacity to meet this requirement.

- **1 = Serious Challenge**
- **2 = Quite a bit of Concern**
- **3 = Moderate Concern**
- **4 = Small Concern**
- **5 = Not a Challenge**

For example, you might choose to answer "Yes" (we are currently doing this at our clinic) along with a "3" (we have a moderate level of concern about this) or you might choose to answer "No" (we are not currently doing this at our clinic) along with a 4 (we have a small level of concern about our ability to do this). The level of concern that your clinic identifies needs to be supported by the following scoring parameters:

a. If a particular design, operational and/or certification criterion focuses on the state's ability to perform, please rate your level of concern about your CCBHC providing the state necessary information to support the state performance requirement.
b. If your clinic is not able to identify the specific response requested to any primary question, the level of challenge score should be documented as a "1".

c. Most questions contain a "Yes" or "No" identifier prior to the concern rating. The focus for this question is for your clinic to confirm if the identified design, operational requirement and/or criterion is <u>current</u> practice within your clinic - YES or NO. If your team responds "NO", the specific criterion concern response should be a 1 – 4 based on the level of concern you have about developing the capacity to be compliant with the criterion. Also, if your clinic identifies a "Yes" and does not feel that a "5" fully identifies the appropriate response, please identify the level of concern that your clinic has about being fully compliant.

d. If your clinic identifies a level of practice variance within various programs or locations, the score should be a "2" or "3" based on the level of variance identified and the amount of effort it will take to reduce the variance to a standardized clinic wide practice.

For Section B (the nine Oregon CCBHC Standards) the scoring has the same Yes/No assessment with a 1-5 scale for level of concern.

Application for Oregon's CCBHC Program

Clinic Information

* Clinic Information

Clinic Name	
Address	
Address 2	
City/Town	
State/Province	
ZIP/Postal Code	
Email Address of Primary Contact	
Phone Number of Primary Contact	

* Name of Primary Contact

Section A - Program Requirement 1 - Staffing

Staffing requirements, including criteria that staff have diverse disciplinary backgrounds, have necessary State required license and accreditation, and are culturally and linguistically trained to serve the needs of the clinic's patient population.

* 1.a.1: As part of the process leading to certification, the state will prepare an assessment of the needs of the target consumer population and a staffing plan for prospective CCBHCs. The needs assessment will include cultural, linguistic and treatment needs. The needs assessment is performed prior to certification of the CCBHCs in order to inform staffing and services. After certification, the CCBHC will update the needs assessment and the staffing plan, including both consumer and family/caregiver input. The needs assessment and staffing plan will be updated regularly, but no less frequently than every three years.

Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
◯	◯	◯	◯	◯

* 1.a.2: The staff (both clinical and non-clinical) is appropriate for serving the consumer population in terms of size and composition and providing the types of services the CCBHC is required to and proposes to offer. Note: See criteria 4.K relating to required staffing of services for veterans.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	◯	◯	◯	◯	◯
No	◯	◯	◯	◯	◯

* 1.a.3: The Chief Executive Officer (CEO) of the CCBHC maintains a fully staffed management team as appropriate for the size and needs of the clinic as determined by the current needs assessment and staffing 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. Note:
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) (Health Resources and Services Administration [2015]), 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 1.a.4: The CCBHC maintains liability/malpractice insurance adequate for the staffing and scope of services provided.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 1.b.1: All CCBHC providers who furnish services directly, and any Designated Collaborating Organization (DCO) providers that furnish services under arrangement with the CCBHC, are legally authorized in accordance with federal, state and local laws, and act only within the scope of their respective state licenses, certifications, or registrations and in accordance with all applicable laws and regulations, including any applicable state Medicaid billing regulations or policies. Pursuant to the requirements of the statute (PAMA § 223 (a)(2)(A)), CCBHC providers have and maintain all necessary state-required licenses, certifications, or other credentialing, with providers working toward licensure, and appropriate supervision in accordance with applicable state law.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 1.b.2: 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 credentialed substance abuse specialists. 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.
Note:Recognizing professional shortages exist for many behavioral health providers: (1) some sevices 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. CCBHCs are not precluded by anything in this criterion from utilizing providers working towards licensure, provided they are working under the requisite supervision.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 1.c.1: 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 plan, occurs at orientation and thereafter at reasonable intervals as may be required by the state or accrediting agencies. 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 basis. If necessary, trainings may be
provided on-line. 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. Examples of cultural competency training and materials include, but are not limited to, those available through the website of the US Department of Health & 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.
Note:See criteria 4.K relating to cultural competency requirements in services for veterans.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 1.c.2: The CCBHC assess the skills and competence of each individual furnishing services and, as necessary, provides in-service 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 1.c.3: The CCBHC documents in the staff personnel records that the training and demonstration of competency are successfully completed.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 1.c.4: Individuals providing staff training are qualified as evidenced by their education, training and experience.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 1.d.1: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 1.d.2: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 1.d.3: 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).

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 1.d.4: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 1.d.5: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

Comments Regarding Program Requirement 1 - Staffing

Section A - Program Requirement 2 - Availability and Accessibility of Services

Availability and accessibility of services, including: crisis management services that are available and accessible 24 hours a day, the use of a sliding scale for payment, and no rejection for services or limiting of services on the basis of a patient's ability to pay or a place of residence.

* 2.a.1: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	◯	◯	◯	◯	◯
No	◯	◯	◯	◯	◯

* 2.a.2: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	◯	◯	◯	◯	◯
No	◯	◯	◯	◯	◯

* 2.a.3: The CCBHC provides services at locations that ensure accessibility and meet the needs of the consumer population to be served.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	◯	◯	◯	◯	◯
No	◯	◯	◯	◯	◯

* 2.a.4: To the extent possible within the state Medicaid program or other funding or programs, the CCBHC provides transportation or transportation vouchers for consumers.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	◯	◯	◯	◯	◯
No	◯	◯	◯	◯	◯

* 2.a.5: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 2.a.6: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 2.a.7: Services are subject to all state standards for the provision of both voluntary and court-ordered services.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 2.a.8: CCBHCs have in place a continuity of operations/disaster plan.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 2.b.1: All new consumers requesting or being referred for behavioral health services 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:

¬ If the screening identifies an emergency/crisis need, appropriate action is taken immediately, including any necessary subsequent outpatient follow-up.

¬ 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.

¬ If the screening identifies routine needs, services will be provided and the initial evaluation completed within 10 business days.

¬ 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 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 planning evaluation to be completed within 60 calendar 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.
Note: Requirements for these screenings and evaluations are specified in criteria 4.D.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 2.b.2: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 2.b.3: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 2.c.1: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 2.c.2: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 2.c.3: 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).

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 2.c.4: In accordance with the requirements of program requirement 3, CCBHCs maintain a working relationship with local EDs. Protocols are established for CCBHC staff to address the needs of CCBHC consumers in psychiatric crisis who come to those EDs.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 2.c.5: Protocols, including protocols for the involvement of law enforcement, are in place to reduce delays for initiating services during and following a psychiatric crisis.

Note: See criterion 3.c.5 regarding specific care coordination requirements related to discharge from hospital or ED following a psychiatric crisis.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 2.c.6: 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-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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 2.d.1: 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).

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 2.d.2: The CCBHC has a published sliding fee discount schedule(s) that includes all services the CCBHC proposes to offer pursuant to these criteria. Such 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 2.d.3: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 2.d.4: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 2.e.1: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 2.e.2: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

Comments Regarding Program Requirement 2 - Availability and Accessibility of Services

Section A - Program Requirement 3 - Care Coordination

Care coordination, including requirements to coordinate care across settings and providers to ensure seamless transitions for patients across the full spectrum of health services, including acute, chronic, and behavioral health needs. Care coordination requirements shall include partnerships or formal contracts with the following:
(i) Federally-qualified health clinics (and as applicable, rural health clinics) to provide Federally-qualified health
clinic services (and as applicable, rural health clinic services) to the extent such services are not provided
directly through the certified community behavioral health clinic.
(ii) Inpatient psychiatric facilities and substance use detoxification, post-detoxification step-down services, and
residential programs.
(iii) Other community or regional services, supports, and providers, including schools, child welfare agencies, and juvenile and criminal justice agencies and facilities, Indian Health Service youth regional treatment clinics,
State licensed and nationally accredited child placing agencies for therapeutic foster care service, and other
social and human services.
(iv) Department of Veterans Affairs medical clinics, independent outpatient clinics, drop-in clinics, and other
facilities of the Department as defined in section 1801 of title 38, United States Code.
(v) Inpatient acute care hospitals and hospital outpatient clinics."

* 3.a.1: Based on a person and family-centered plan of care aligned with the requirements of Section 2402(a) of the ACA and aligned with state regulations and consistent with best practices, the CCBHC coordinates care across the spectrum of health services, including access to high-quality physical health (both acute and chronic) and behavioral health care, as well as social services, housing, educational systems, and employment opportunities as necessary to facilitate wellness and recovery of the whole person.
Note: See criteria 4.K relating to care coordination requirements for veterans.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 3.a.2: The CCBHC maintains the necessary documentation to satisfy the requirements of HIPAA (Pub. L. No. 104-191, 110 Stat. 1936 (1996)), 42 CFR Part 2, and other federal and state privacy laws, including patient privacy requirements specific to the care of minors. The HIPAA Privacy Rule allows routine – and often critical – communications between health care providers and a consumer's family and friends. Health care providers may always listen to a consumer's family and friends. If a consumer consents and has the capacity to make health care decisions, health care providers may communicate protected health care information to a consumer's family and friends. Given this, the CCBHC ensures consumers' preferences, and those of families of children and youth and families of adults, for shared information are adequately documented in clinical records, consistent with the philosophy of person and family-centered care. Necessary consent for release of information is obtained from CCBHC consumers for all care coordination relationships. If CCBHCs are unable, after reasonable attempts, to obtain consent for any care coordination activity specified in program requirement 3, such attempts must be documented and revisited periodically.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 3.a.3: Consistent with requirements of privacy, confidentiality, and consumer preference and need, the CCBHC assists consumers and families of children and youth, referred to external providers or resources, in obtaining an appointment and confirms the appointment was kept.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 3.a.4: Care coordination activities are carried out in keeping with the consumer's preferences and needs for care and, to the extent possible and in accordance with the consumer's expressed preferences, with the consumer's family/caregiver and other supports identified by the consumer. So as to ascertain in advance the consumer's preferences in the event of psychiatric or substance use crisis, CCBHCs develop a crisis plan with each consumer. Examples of crisis plans may include a Psychiatric Advanced Directive or Wellness Recovery Action Plan.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 3.a.5: Appropriate care coordination requires the CCBHC to make and document reasonable attempts to determine any medications prescribed by other providers for CCBHC consumers and, upon appropriate consent to release of information, to provide such information to other providers not affiliated with the CCBHC to the extent necessary for safe and quality care.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	◯	◯	◯	◯	◯
No	◯	◯	◯	◯	◯

* 3.a.6: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	◯	◯	◯	◯	◯
No	◯	◯	◯	◯	◯

* 3.b.1: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	◯	◯	◯	◯	◯
No	◯	◯	◯	◯	◯

* 3.b.2: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	◯	◯	◯	◯	◯
No	◯	◯	◯	◯	◯

* 3.b.3: 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)7 for ONC's Health IT Certification Program.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 3.b.4: 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 to the care of minors.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 3.b.5: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 3.c.1: 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.

Note: 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).

Note: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	◯	◯	◯	◯	◯
No	◯	◯	◯	◯	◯

* 3.c.2: 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.

Note: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	◯	◯	◯	◯	◯
No	◯	◯	◯	◯	◯

* 3.c.3: The CCBHC has an agreement establishing care coordination expectations with a variety of community or regional services, supports, and providers. Services and supports to collaborate with which are identified by statute include:

☐ Schools;

☐ Child welfare agencies;

¬ Juvenile and criminal justice agencies and facilities (including drug, mental health, veterans and other specialty courts);

¬ Indian Health Service youth regional treatment centers;

¬ State licensed and nationally accredited child placing agencies for therapeutic foster care service; and

¬ Other social and human services.

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:

¬ Specialty providers of medications for treatment of opioid and alcohol dependence;

¬ Suicide/crisis hotlines and warmlines;

¬ Indian Health Service or other 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).

Note: 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

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	◯	◯	◯	◯	◯
No	◯	◯	◯	◯	◯

* 3.c.4: The CCBHC has an agreement establishing care 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.

Note: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 3.c.5: 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.

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 consumer within 24 hours of discharge, and continues until the individual is linked to services or assessed to be no longer at risk.

Note: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 3.d.1: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 3.d.2: 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.
Note: See criteria 4.K relating to required treatment planning services for veterans.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 3.d.3: The CCBHC coordinates care and services provided by DCOs in accordance with the current treatment plan.
Note: See program requirement 4 related to scope of service and person-centered and family-centered treatment planning.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

Comments Regarding Program Requirement 3 - Care Coordination

Section A - Program Requirement 4 - Scope of Services

Provision (in a manner reflecting person-centered care) of the following services which, if not available directly through the certified community behavioral health clinic, are provided or referred through formal relationships with other providers:
(i) Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services,
and crisis stabilization.
(ii) Screening, assessment, and diagnosis, including risk assessment.
(iii) Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.
(iv) Outpatient mental health and substance use services.
(v) Outpatient clinic primary care screening and monitoring of key health indicators and health risk.
(vi) Targeted case management.
(vii) Psychiatric rehabilitation services.
(viii) Peer support and counselor services and family supports.
(ix) Intensive, community-based mental health care for members of the armed forces and veterans, particularly
those members and veterans located in rural areas, provided the care is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration, including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration.

* 4.a.1: 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. Whether directly supplied by the CCBHC or by a DCO, the CCBHC is ultimately clinically responsible for all care provided. 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.

Note: See CMS PPS guidance regarding payment.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.a.2: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.a.3: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.a.4: DCO-provided services for CCBHC consumers must meet the same quality standards as those provided by the CCBHC.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.a.5: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.b.1: 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.

Note: See program requirement 3 regarding coordination of services and treatment planning. See criteria 4.K relating specifically to requirements for services for veterans.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.b.2: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.c.1: 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:

¬ 24 hour mobile crisis teams,

¬ Emergency crisis intervention services, and

¬ Crisis stabilization.

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.

Note: See program requirement 2 related to crisis prevention, response and postvention 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.d.1: 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.

Note: See program requirement 3 regarding coordination of services and treatment planning.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.d.2: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.d.3: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.d.4: As required in program requirement 2, a comprehensive 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.d.5: 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 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.d.6: 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. (NOTE: Appendix A is located on page 28 at the end of the I-CCFRT Assessment and Definitions sections) http://www.thenationalcouncil.org/wp-content/uploads/2015/11/I-CCBHC-Feasibility-and-Readiness-Assessment-FINAL-REVISED-E-FORM12-8-15.pdf

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.d.7: The CCBHC uses standardized and validated screening and assessment tools and, where appropriate, brief motivational interviewing techniques.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.d.8: The CCBHC uses culturally and linguistically appropriate screening tools, and tools/approaches that accommodate disabilities (e.g., hearing disability, cognitive limitations), when appropriate.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.d.9: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.e.1: 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.

Note: See program requirement 3 related to coordination of care and treatment planning.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.e.2: 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.

Note: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.e.3: The CCBHC uses consumer assessments to inform the treatment plan and services provided.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.e.4: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.e.5: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.e.6: Where appropriate, consultation is sought during treatment planning about special emphasis problems, including for treatment planning purposes (e.g., trauma, eating disorders).

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.e.8: 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. 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).

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.f.1: 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.

Note: See also program requirement 3 regarding coordination of services and treatment planning.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.f.2: 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; 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, 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.f.3: 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 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.f.4: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.g.1: 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.

  Note: See also program requirement 3 regarding coordination of services and treatment planning.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.h.1: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	◯	◯	◯	◯	◯
No	◯	◯	◯	◯	◯

* 4.i.1: 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 & 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.

Note: See program requirement 3 regarding coordination of services and treatment planning.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	◯	◯	◯	◯	◯
No	◯	◯	◯	◯	◯

* 4.j.1: 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.

Note: See program requirement 3 regarding coordination of services and treatment planning

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	◯	◯	◯	◯	◯
No	◯	◯	◯	◯	◯

* 4.k.1: 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.

Note: See program requirement 3 regarding coordination of services and treatment planning.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.k.2: All individuals inquiring about services are asked whether they have ever served in the U.S. military.

Current Military Personnel: Persons affirming current military service will be offered assistance in the following manner:

(1) 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.

(2) 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 member to specialists for care he or she cannot provide; and works with the regional managed care support contractor for referrals/authorizations.

(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.

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).

Note: See also program requirement 3 requiring coordination of care across settings and providers, including facilities of the Department of Veterans Affairs.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.k.3: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.k.4: 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:

(1) Regular contact is maintained with the veteran as clinically indicated as long as ongoing care is required.

(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.

(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).

(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.

(5) The treatment plan is revised, when necessary.

(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).

(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

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.k.5: 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:

- ¬ Hope
- ¬ Person-driven
- ¬ Many pathways
- ¬ Holistic
- ¬ Peer support
- ¬ Relational
- ¬ Culture
- ¬ Addresses trauma
- ¬ Strengths/responsibility
- ¬ Respect

(Substance Abuse and Mental Health Services Administration [2012]).

As implemented in VHA recovery, the recovery principles also include the following:

- ¬ Privacy
- ¬ Security
- ¬ Honor

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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	◯	◯	◯	◯	◯
No	◯	◯	◯	◯	◯

* 4.k.6: In keeping with the general criteria governing CCBHCs, all behavioral health care is provided with cultural competence.

(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.

(2) All staff receives cultural competency training on issues of race, ethnicity, age, sexual orientation, and gender identity.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 4.k.7: In keeping with the general criteria governing CCBHCs, there is a behavioral health treatment plan for all veterans receiving behavioral health services.

(1) The treatment plan includes the veteran's diagnosis or diagnoses and documents consideration of each type of evidence-based intervention for each diagnosis.

(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.

(3) As appropriate, the plan considers interventions intended to reduce/manage symptoms, improve functioning, and prevent relapses or recurrences of episodes of illness.

(4) The plan is recovery oriented, attentive to the veteran's values and preferences, and evidence-based regarding what constitutes effective and safe treatments.

(5) 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

Comments Regarding Program Requirement 4 - Scope of Services

Section A - Program Requirement 5 - Quality and Other Reporting

Reporting of encounter data, clinical outcomes data, quality data, and such other data as the Secretary requires.

* 5.a.1: 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. (NOTE: Appendix A is located on page 28 at the end of the I-CCFRT Assessment and Definitions sections)
http://www.thenationalcouncil.org/wp-content/uploads/2015/11/I-CCBHC-Feasibility-and-Readiness-Assessment-FINAL-REVISED-E-FORM12-8-15.pdf

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 5.a.2: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 5.a.3: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 5.a.4: As specified in Appendix A (See page 28 following I-CCFRT Assessment), 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 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 5.a.5: 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.

Note: In order for a clinic to receive payment using the CCBHC PPS, it must be certified as a CCBHC.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 5.b.1: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 5.b.2: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

Comments Regarding Program Requirement 5 - Quality and Other Reporting

Section A - Program Requirement 6 - Organizational Authority, Governance and Accreditation

Criteria that a clinic be a nonprofit or part of a local government behavioral health authority or operated under the authority of the Indian Health Service, an Indian Tribe, or Tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the Indian Health Service pursuant to the Indian Self-Determination Act [25 U.S.C. 450 et seq.], or an urban Indian organization pursuant to a grant or contract with the Indian Health Service under title V of the Indian Health Care Improvement Act [25 U.S.C. 1601 et seq].”

* 6.a.1: The CCBHC maintains documentation establishing the CCBHC conforms to at least one of the following statutorily established criteria:

¬ Is a non-profit organization, exempt from tax under Section 501(c)(3) of the United States Internal Revenue Code;

¬ Is part of a local government behavioral health authority;

¬ 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.);

¬ 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.).

Note: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 6.a.2: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 6.a.3: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 6.b.1: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 6.b.2: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 6.b.3: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	◯	◯	◯	◯	◯
No	◯	◯	◯	◯	◯

* 6.b.4: 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 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	◯	◯	◯	◯	◯
No	◯	◯	◯	◯	◯

* 6.b.5: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	◯	◯	◯	◯	◯
No	◯	◯	◯	◯	◯

* 6.b.6: States will determine what processes will be used to verify that these governance criteria are being met.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	◯	◯	◯	◯	◯
No	◯	◯	◯	◯	◯

* 6.c.1: CCBHCs will adhere to any applicable state accreditation, certification, and/or licensing requirements.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

* 6.c.2: 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.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

Comments Regarding Program Requirement 6 - Organizational Authority, Governance and Accreditation

Section B - Oregon CCBHC Standards

Clinics applying to become CCBHCs in Oregon need to meet SAMHSA's nation-wide CCBHC requirements
(Section A - Program Requirements 1-6) AND nine Oregon-specific CCBHC standards
(Section B - Oregon CCBHC Standards 1-9).

Section B - Oregon CCBHC Standards
1. Telephone and Electronic Access

* 1. CCBHC provides continuous access to behavioral health advice by telephone.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

Intent
Access to behavioral health advice outside of in-person office visits is an important function associated with decreased emergency and urgent care utilization. The intent of this standard is to ensure that CCBHC consumers, caregivers and families can obtain behavioral health advice via telephone from a live person at all times.

Specifications
To meet this standard the CCBHC must have 24 hour a day, 7 days a week access to a live person via telephone for behavioral advice for all consumers of the clinic. Clinic must have documented policy and procedures, including provider expectations for workflow and EHR access (if applicable) to ensure all after hours telephone encounters are documented in the EHR or paper chart within 24 hours of the call. It is not required that the person receiving the call or giving clinical advice has real-time access to the consumer's medical record, although this would be ideal.

Examples
Practice strategies meeting the intent of this standard:

- Business and after-hours phone calls answered by a live person and referred to a behavioral health clinician for clinical advice as appropriate.
- Business and after-hours phone calls answered by an on-call provider
- Business and after-hours phone calls answered by a live answering service with triage of appropriate call to an on-call clinician

Practice strategies NOT meeting the intent of this standard:
- Routine use of an answering machine to answer phone calls during or after business hours with no options for patients to access behavioral health advice from a live person.
- Use of an automated message referring patients to the emergency room or an urgent care practice during or after business hours.
- Use of non-clinical staff (e.g. receptionist) to answer phone calls if staff do not have real time access to a clinician as dictated by appropriate protocols.

Section B - Oregon CCBHC Standards
2. Performance and Clinical Quality

* 2. BHH tracks one quality metric from the core or menu set of PCPCH Quality Measures.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

Intent
Measuring and improving on clinical quality is a foundation element of behavioral health homes. The intent of this standard is to demonstrate the CCBHCs have the capacity to monitor clinical quality data and improve their performance where appropriate.

Specifications
See PCPCH TA Guide for list of measures, starting on page 106. The CCBHC can track any one of the 29 measures listed. Detailed specifications for each measures can be found in the PCPCH Quality Measures section of the PCPCH Technical Assistance Guide.

CCBHCs may collect quality data either by querying an EHR or by manual audit of an electronic or paper chart (a chart review). CCBHCs can also use quality measures produced from claims data by a 3rd party (IPA, health plan, etc.). CCBHC must aggregate the data across all providers and consumers in the practice.

CCBHCs must use the exact specifications for calculating and reporting their data. When auditing charts manually or by query of and EHR, clinics must include in the sample all eligible patients during the sample period.

Section B - Oregon CCBHC Standards
3. Provision of Services

* 3. BHH reports that it routinely offers all of the following categories of BH services: screening, assessment and diagnosis including risk assessment, person-centered treatment planning, outpatient mental health services, targeted case management services and psychiatric rehabilitation.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

This standard aligns with CCBHC Program Requirement 4 - Scope of Services with some key differences. CCBHC standards requires that clinics either directly provide these services or provide them through referral with relationships with other providers, while the Oregon CCBHC standard, as currently written, require the clinic to directly provide the services listed. Another difference is that the CCBHC criteria include additional services not required by the Oregon CCBHC standard such as provision of substance use services, crisis mental health services, peer support and counselor services, etc.

Section B - Oregon CCBHC Standards
4. Coordination and Integration with Primary Care

* 4. BHH has primary care services onsite at least 20 hours a week and has a process to ensure patients can access primary care services during the hours onsite primary care is not available.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

Intent – Many Oregonians with a behavioral health condition are not accessing primary care services. Integrating behavioral health with primary care opens the door to both physical and behavioral health care in a setting that is familiar to a person with a behavioral health condition. A consumer that chooses a behavioral health home as their "home" should have all their healthcare needs provided at that home.

To meet this standard, there needs to a high level of collaboration and integration between behavioral health and primary care providers. The behavioral health and physical health providers function as a team with frequent personal communication. The team actively seeks system solutions as it recognizes the barriers to care integration for a broader range of consumers. Providers understand the different roles team members need to play and have started to change their practice and structure of care to achieve consumer goals. Consumers view the operation as a single health system treating the whole person. (From Center for Integrated Health Solutions)

Collaboration and integration is defined in the AHRQ lexicon for behavioral health and primary care as the integration as a practice team of primary care and behavioral health clinicians working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.

Specifications – CCBHC has primary care providers (PCP) onsite at least 20 hours a week offering services for physical health, disease prevention and treatment. Categories of service should include:

- Acute care for minor illnesses and injuries
- Ongoing management of chronic diseases including coordination of care
- Office based procedures and diagnostic tests
- Patient education, prevention and wellness support services
- Care management, understood as individualized, person-centered planning and coordination to increase consumer participation and follow-up with all PC screening, assessment and treatment services

CCBHC must demonstrate evidence of collaborative provider relationships and care coordination for patients receiving primary care services off-site during hours that primary care providers are not available at the CCBHC.

CCBHC has a registry/tracking system for physical health needs/outcomes.

Examples:
Practice strategies meeting the intent of this standard:
- Primary Care Physician (MD, DO, ND) Physician Assistant (PA), or Medical Nurse Practitioners (NP) are available at least 20 hours a week to provide primary care services.
- CCBHC provides names of primary care providers commonly used by the BHH and documentation in the medical record detailing collaboration with these providers such as telephone encounters, discussing particular patients, shared protocols for medication management, or regular meeting times.
- Examples of regular two-way communication with these providers in patient charts demonstrating active coordination of patient care.

Practice strategies NOT meeting the intent of this standard:
- BH and PC providers work at separate facilities and have separate communication systems.
- Providers view each other as resources and communicate periodically about shared consumers and it is driven by specific issues or provider's need for specific information about a mutual consumer. (e.g. PCP requests a copy of a psychiatric evaluation to know if there is a confirmed psychiatric diagnosis).
- BH and PC are co-located in the same facility and providers still use separate systems or are starting to use some shared systems. Communication is more regular due to proximity of providers with an occasional meeting to discuss shared consumers. Movement of consumers between practices is most often through a referral process. There is some attempt for BH and PC providers to work as a team but how the team operates is not clearly defined leaving most decisions about consumer care to be made independently by individual providers.

Section B - Oregon CCBHC Standards
5. Organization of BHH Information

* 5. CCBHC maintains a health record for each consumer that contains at least the following elements: problem list, medication list, allergies, basic demographic information, preferred language, and updates this record as needed at each visit.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

Intent
CCBHCs must maintain comprehensive and up-to-date patient records that are easily transmissible to other clinicians and facilities as consumers move throughout the health care system. Maintaining a health record with up-to-date information is an essential perquisite to managing safe transitions of care between providers. This measure does require standardized collection of the above elements, but is not intended to require an electronic health record. Federal CCBHC standards do require clinics to have an electronic health record.

Specifications
Clinics must be able to provide examples of all of the required elements and be able to demonstrate a process for how these elements are regularly assessed and updated by practice staff. Documentation of each element must be standardized across all consumer records. Clinics are not expected to calculate the percentage of complete consumer records or demonstrate that every element is complete in each record.

Examples
Examples of strategies meeting the intent of this standard include:
- Required elements are located in a consistent place in paper charts or in discrete fields in an EMR.
- Practice has a clear process and demonstrates the above data elements are reviewed and updated regularly (e.g. provider reviews medications at each visit, front desk staff verifies demographic information at check-in)

Section B - Oregon CCBHC Standards
6. Specialized Care Setting Transitions

* 6. BHH has a written agreement with its usual hospital providers or directly provides routine hospital care.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

Intent
Care coordination and communication during care transitions is an important aspect of patient safety, especially between inpatient and outpatient care settings. CCBHCs should take responsibility for facilitating appropriate transitions of care by developing working relationships with their usual providers of hospital care.

Specifications
Definition of Usual Hospital Providers -The hospital(s) or hospitalist group(s) that most frequently cares for the behavioral health home's consumer population when admitted to a hospital or visiting the Emergency Room.

Clinics meeting the intent of this standard must be able to identify the usual providers of hospital care for their consumers (e.g. a specific hospital(s) or hospitalist group(s)) and have a written agreement in place with the usual hospital providers so that the behavioral health home is notified when consumers are admitted and discharged. Written agreements with usual providers of hospital care should contain the following types of information:
- Process for requesting hospital admission
- Process and performance expectations for communication at the time of hospital admission
- Process for sharing of patient medical records at the time of hospital admission
- Process and performance expectations for communication at the time of hospital discharge
- Process and performance expectations for scheduling after-hospital follow up appointments

Note: CCBHCs that have clinicians providing their own hospital care routinely for clinic patients do not need to have a written agreement in place. However, if a clinic is part of a system that includes a hospital, the clinic must still have a written agreement unless clinicians at the CCBHC clinic provide hospital care routinely for their consumer population.

Section B - Oregon CCBHC Standards
7. Care Coordination

* 7. BHH demonstrates that members of the health care team have defined roles in care coordination for consumers and tell each consumer or family the name(s) of the team member(s) responsible for coordinating his or her care.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

Intent
Care coordination is an essential feature of a CCBHC. The intent of this standard is to ensure CCBHCs deliberately consider care coordination functions, explicitly assign these functions to specific staff members, take extra steps to coordinate the care of consumers with complex care needs and communicate clearly to consumers who they can contact at the clinic to help coordinate their care.

CCBHCs must be able to identify person(s) responsible for care coordination, provide a written description of their role/functions and a method for notifying patients of who is responsible for coordinating their behavioral health and primary health care.

Specifications
This standard requires both clear assignment of care coordination responsibilities to practice staff and clear communication to consumers about how to obtain these services. All care coordination functions within the practice do not need to be assigned to a single person. Some care coordination activities may be performed by clinical staff (e.g. motivational interviewing, support of behavior change, patient education) while others may be performed by non-clinical staff (follow up on referral and test results). However, consumers should be informed of who is responsible for their coordination needs.

Examples
A CCBHC could demonstrate meeting this standard through the following kinds of activities:
- Written job descriptions assigning certain care coordination functions to particular staff
- Demonstration that certain staff members perform care coordination (e.g staff member X maintains a log tracking test results)
- Clear verbal or written instructions are provided to consumers on who to contract to follow-up or obtain needed services.

Section B - Oregon CCBHC Standards
8. End of Life Planning

* 8. BHH has a process to offer or coordinate hospice and palliative care and counseling for consumers and families who may benefit from them.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

Intent
Arranging for culturally appropriate end-of-life and palliative care is an important aspect of care coordination for consumers, caregivers, and families. This standard is intended to ensure CCBHCs engage their consumers, caregivers, and families in end of life discussions, routinely assess consumers' need and eligibility for hospice or palliative care when appropriate, and refer consumers for these services or coordinate services within the clinic. It is also important for clinics to ensure consumers wishes are documented in advance directive forms available in the consumer's medical record or through provider orders recorded in the medical record (i.e. POLST) which reflect the consumer's wishes for their end-of-life care

Specifications
POLST – Physician Orders for Life-Sustaining Treatment

CCBHCs are not required to directly provide hospice or palliative care, but must have a process in place to refer and coordinate those service when consumers and families need them.

Examples
Activities meeting the intent of this standard could include:
- List of usual referral provider for hospice or palliative care (including admission criteria for these providers) and examples of consumers referred to hospice or palliative care
- Examples of encounters for consumers regarding hospice or palliative care referral
- Examples of hospice or palliative care plans developed or approved by CCBHC providers

Section B - Oregon CCBHC Standards
9. Language and Cultural Interpretation

* 9. CCBHC offers and/or uses either providers who speak a consumer's and family's language at time of service in-person or telephonic trained interpreters to communicate with consumers and families in their language of choice.

	Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not a Challenge
Yes	○	○	○	○	○
No	○	○	○	○	○

Intent
Cultural and linguistic proficiency is a core component of person and family centered care. The intent of this standard is to ensure CCBHCs communicate with consumers, caregivers, and families in their language of choice using trained medical interpreters. Further, there is a strong evidence base supporting the benefits of translating written materials.

Specifications
Clinics must be able to produce a list of interpreter services used at the clinic and written guidelines for providing services to consumers in the language of their choice.

Interpretation services should be offered either on-site or telephonically for all consumers at the clinic that speak languages other than English and must be provided free of charge to consumers. Interpretation services should be offered and available during the consumers' entire office visit and for telephone encounters. Consumers may decline the use of interpreters, but should be informed that interpreters are available free of charge and have distinct advantages. Some clinics ask consumers who refuse interpretation services to sign a waiver.

Examples
The following kinds of activities would meet the intent the standard:
- Use of bilingual staff to communicate with consumers or family members in their language(s) of choice throughout their entire office visit and during telephone encounters.
- Use of a real-time telephonic interpreter (e.g., Passport to Languages, Pacific Interpreters, Language Line Solutions, etc.) to communicate with consumers in their language of choice throughout their entire office visit and/or during telephone encounters.
- Use of an in-person interpreter to communicate with consumers in their language of choice throughout their entire office visit and/or during telephone encounters.

The following kinds of activities would NOT meet the intent the standard:
- Routine use of consumer family members to act as interpreters for non-English speaking patients.
- Interpreter services, providers, or other employees acting as translators, available at some times during clinic business hours, but not available at other times and the clinic does not have a strategy to provide alternative options for interpreter services the times when the employee(s) or services are unavailable and for consumers languages for which the providers or employee(s) cannot offer proficient interpretation.

Comments Regarding Oregon CCBHC Standards

Application for Oregon's CCBHC Program

Congratulations!

Important Note: You have completed all required sections of Oregon's CCBHC application. If you click "Submit", you will not be able to return to this application and make any changes. If you still need to make changes, do not click "Submit" below, and you will be able to return to this application to make any needed changes.

All applicants who complete this online application will be contacted by the state regarding next steps in the CCBHC certification process. The online application will be available until 5 PM on May 25, 2016. The online application period may be extended at the state's discretion. Certification and application materials are available on Oregon's CCBHC website. Please contact ccbhc.grant@state.or.us with additional questions or comments.