Letter of Intent/Organizational Readiness Survey
Certified Community Behavioral Health Clinics (CCBHCs)

The North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services and the Division of Medical Assistance are seeking letters of intent from community behavioral health organizations, federally-qualified health centers or other integrated care non-profit organizations that are interested in being certified as a Certified Community Behavioral Health Clinic (CCBHC). The purpose of a CCBHC is to improve the quality of behavioral and physical health services delivered to North Carolina populations served through its system. Targeted Medicaid populations to be served include children and youth with serious emotional disturbances, adults with serious mental illness, individuals with long-term and serious substance use disorders and those with co-occurring mental illness and substance use disorders.

Background Information

On April 1, 2014, the Protecting Access to Medicare Act of 2014 was enacted. The law included "Demonstration Programs to Improve Community Mental Health Services at Section 223 of the Act." Section 223 of the law authorizes the Department of Health and Human Services to develop certification criteria for CCBHCs, provide guidance to states on developing a prospective payment system (PPS) to provide reimbursement for CCBHC services, administer one-year planning grants to States interested in developing a proposal for the two-year demonstration program, select eight states to participate in the CCBHC demonstration and report findings and recommendations to Congress.

The North Carolina Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) and the Division of Medical Assistance (DMA) was one of 24 states awarded a planning grant for Certified Community Behavioral Health Clinics (CCBHC) from the Substance Abuse and Mental Health Services Administration (SAMHSA) in October 2015. Authorized under Section 223 of the Protecting Access to Medicare Act of 2014, the planning grants are part of a comprehensive effort to integrate behavioral health with physical health care, utilize evidence-based practices and improve access to high quality care for Medicaid beneficiaries.

Over the course of the one-year planning grant, DMH/DD/SAS and DMA will (1) certify at least two community behavioral health clinics (CCBHCs); (2) establish a cost-based prospective payment system for Medicaid reimbursable services; and, (3) develop an application for a two-year demonstration program. The application for the two-year demonstration is due October 31, 2016. Additional information about the CCBHC planning grant is provided on SAMHSA's website:

http://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf. Clinics certified through the planning grant will have the potential opportunity to participate in a national demonstration of the CCBHC program.

In order to be eligible to be a CCBHC, agencies or clinics must be **one** or more of the following: (1) a non-profit organization, (2) part of a local government behavioral health authority, (3) an entity 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. 45 et seq); or (4) 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).

There are six program requirement areas developed by SAMHSA in response to Section 223 of the Protecting Access to Medicare Act of 2014 (HR 4302) that agencies or clinics must meet in order to be recognized as a CCBHC. The six program requirements include specifics related to:

1. Staffing,
2. Availability and accessibility of services,
3. Care coordination,
4. Scope of services,
5. Quality and other reporting,
6. Organizational authority, governance, and accreditation.

Detailed information about each of these areas can be found at SAMHSA's website: http://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf.

Providers selected to participate in the CCBHC certification process will not receive any start-up funds. While no direct funds are available, there are funds allocated in the planning grant to provide sites technical assistance and training related to CCBHC requirements. If North Carolina is selected as a one of the eight states to move forward in the two-year demonstration program, participating CCBHCs will receive payment for CCBHC services through a cost-based prospective payment system.

CCBHC Selection and Certification Process

In order to determine the level of interest, as well as the readiness of potential entities to become a CCBHC, DMH/DD/SAS and DMA have created the following **Letter of Intent/Organizational Readiness Survey.** Interested applicants are required to submit a non-

binding letter of intent in addition to completing the attached readiness assessment. **At a minimum, your letter of intent must address the following:**

- Reason for your interest in becoming a CCBHC;
- Background information of your organization, including the year in which your agency was established, current level of staffing and number of locations across the state;
- National accreditation(s);
- Populations served by your agency; i.e., Medicaid, private pay, state-funded, children, adults, disability groups, etc.;
- Approximate total number of individuals served in a typical year by payor source; i.e., Medicaid, private pay, state-funded;
- Array and/or type of services provided by your agency;
- Relationship with the LME-MCO of the proposed catchment area;
- Relationships/collaborations/agreements with providers of services not provided by your agency;
- Geographic location of the proposed CCBHC site, as well as locations of satellite offices that may also provide services for the CCBHC.

The Organizational Readiness Survey immediately follows this introduction. Please complete it in its entirety and submit it with your Letter of Intent.

Submission Guidelines

DMH/DD/SAS and DMA are aware of the complexities of this initiative and welcome your questions. All questions and responses will be posted on the NC DHHS CCBHC website as quickly as possible.

All questions may be submitted to:

CCBHC.info@dhhs.nc.gov

Subject: CCBHC Letter of Intent Questions

Deadline for questions is March 3, 2016. No questions related to the CCBHC Letter of Intent/Organizational Readiness Survey will be accepted after that time.

Additional questions and answers are also available on the North Carolina CCBHC Website: https://www.ncdhhs.gov/assistance/mental-health-substance-abuse/Certified-Community-Behavioral-Health-Clinics

Sites that are interested in becoming a CCBHC are required to submit their letter of intent with their organizational readiness survey electronically by Friday, March 18, 2016 at 5:00 pm to:

CCBHC.info@dhhs.nc.gov
Subject: CCBHC Letter of Intent Submission

Paper or hard copies will not be accepted. Submissions received after 5:00 pm on March 18th will not be reviewed. The Division reserves the right to not review incomplete submissions.

Sites that are selected to continue in the certification process will be notified by April 18, 2016. After sites are selected to continue in the certification process, sites will receive additional guidance about the certification requirements and the prospective payment system methodology. As well, sites may be asked for additional documents to support their readiness assessments and/or participate in interviews and site visits. By June 15, 2016, an expert panel review of potential sites will be completed and selected sites will be notified of their continuance in the selection process. Sites will receive technical assistance and training as needed in June and July, prior to final selection of at least two CCBHCs by August 15, 2016.

It is important to note that SAMHSA is still developing guidance, clarification documents and responding to questions from planning grant states; therefore, information in the readiness assessment is subject to change and may not necessarily represent all criteria that will be required for successful certification as a CCBHC.

Certified Community Behavioral Health Clinics (CCBHCs)

Organizational Readiness Survey

Contact person for this application:

Phone Number:

Email Address:

Behavioral Health Organization/FQHC/Integrated Care Entity – Corporate Information

Agency/Clinic name:

Agency/Clinic Address:

Address Line 2:

City: State: Zip Code: County:

Executive Director:

Direct Phone Number:

Email Address:

Date of establishment:

Current Electronic Health Record System:

How often do you run reports or extract data from your EHR?

Indicate your agency's/clinic's type (select all that apply):

- ☐ Non-profit organization
- ☐ FQHC
- ☐ Part of a local government behavioral health authority
- ☐ Tribal Health Organization
- ☐ Other (please specify):

Type of Geographic Area To Be Served:

- ☐ Urban
- ☐ Rural
- ☐ Other (please specify):

Location of Site for the Proposed CCBHC:

Agency/Clinic name:

Agency/Clinic Address:

Address Line 2:

City: State: Zip Code: County:

Programs /Services offered:

Hours of Operation:

Date of establishment:

Additional Sites/Locations That May Also Provide CCBHC Services:

Agency/Clinic name:

Agency/Clinic Address:

Address Line 2:

City: State: Zip Code: County:

Programs /Services offered:

Hours of Operation:

Date of establishment:

Agency/Clinic name:

Agency/Clinic Address:

Address Line 2:

City: State: Zip Code: County:

Programs /Services offered:

Hours of Operation:

Date of establishment:

Certified Community Behavioral Health Clinics (CCBHCs)
Organizational Readiness Survey

Certified Community Behavioral Health Clinics (CCBHCs) provide an opportunity to improve patients' behavioral and physical health by providing community based mental health and substance use services, integrating physical and behavioral health, increasing the consistent use of evidence based practices and improving access to care. There are six program requirements that clinics must meet in order to be recognized as a CCBHC. The six program requirement areas include specifics related to: (1) staffing, (2) availability and accessibility of services, (3) care coordination, (4) scope of services, (5) quality and other reporting, and (6) organizational authority. Detailed information about each of these areas can be found at SAMHSA's website: http://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf. Sites are encouraged to review the detailed CCBHC certification criteria before they complete the readiness survey. The criteria checklist is intended to assess the readiness of your organization to become a CCBHC and identify areas for which technical assistance is needed. *Criteria are subject to change.

Please complete the following:

Program Requirement 1: STAFFING The statue requires: "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." (Section 223 (a)(2)(A) of PAMA)				
	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
Criteria 1.A: General Staffing Requirements				
1.a.1. Participate with the state in conducting a needs assessment of the consumer population and determine a staffing plan to meet the needs identified. Needs assessment will include cultural, linguistic, treatment and staffing needs and addresses transportation, income, culture, and other barriers.				

	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
1.a.2. Staff is appropriate for serving the consumer population in size and composition.				
1.a.3. Management team that is appropriately sized to meet the needs of the clinic. Must include at a minimum a CEO or Executive Director, and a psychiatrist as the Medical Director (does not have to be full-time).				
1.a.4. Maintains adequate liability/malpractice insurance.				
Criteria 1.B: Licensure and Credentialing of Providers				
1.b.1. All providers are legally authorized in accordance with federal, state and local laws, and act only within the scope of their respective licenses, certifications or registrations and in accordance with all applicable laws.				
1.b.2. 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.				
Criteria 1.C: Cultural Competence and Other Training				
1.c.1. Has a training plan for all staff and "designated collaborating organization" (DCO) partners that includes cultural competence, person- and family-centered planning, recovery-oriented, evidence-based				

	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
and trauma-informed care, and primary care/ behavioral health integration.				
1.c.2. Assesses the skills and competence of each individual, and includes written policies describing the method of assessment and maintains a written account of in-service training during the previous 12 months.				
1.c.3. Documents in the staff personnel records that the training and demonstration of competency are successfully completed.				
1.c.4. Individuals providing staff training are qualified as evidenced by education, training and experience.				
Criteria 1.D: Linguistic Competence				
1.d.1. Takes reasonable steps to provide meaningful access to individuals with Limited English Proficiency (LEP) or with language-based disabilities.				
1.d.2. Interpretation/translation services 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).				
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				

	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
language interpreters, teletypewriter (TTY) lines).				
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 at intake for consumers in languages common in the community served, taking into account literacy levels and the need for alternative formats (for consumers with disabilities).				
1.d.5. 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.				

Program Requirement 2: AVAILABILITY AND ACCESSIBILITY OF SERVICES The statue requires: "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." (Section 223 (a)(2)(B) of PAMA)				
	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
Criteria 2.A: General Requirements of Access and Availability				
2.a.1. Provides a safe, functional, clean and welcoming environment for consumers and staff, conducive to the provision of services identified in program requirement 4.				
2.a.2. 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.				
2.a.3. Provides services at locations that ensure accessibility and meet the needs of the consumer population to be served.				
2.a.4. Provides transportation or transportation vouchers for consumers, to the extent possible within the state Medicaid program or other funding.				
2.a.5. Utilizes mobile in-home, telehealth/ telemedicine, and on-line treatment services to ensure consumers have access to all required services, to the extent possible within the state Medicaid program and as allowed by law.				

	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
2.a.6. 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.				
2.a.7. Services are subject to all state standards for the provision of both voluntary and court-ordered services.				
2.a.8. Has in place a continuity of operations/ disaster plan.				
Criteria 2.B: Requirements for Timely Access to Services and Initial and Comprehensive Evaluation for New Consumers				
2.b.1. All new consumers requesting or being referred for behavioral health will, at the time of first contact, receive a preliminary screening and risk assessment to determine acuity of needs evaluation, which may occur telephonically. The preliminary screening will be followed by an initial evaluation and a comprehensive person-centered and family-centered, diagnostic and treatment planning evaluation (the components of which are specified in Program Requirement 4).				
2.b.1a If the screening identifies an emergency/crisis need, appropriate action is taken immediately, including any necessary subsequent outpatient follow-up.				

	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
2.b.1b If the screening identifies an urgent need, clinical services are provided and the initial evaluation is completed within one business day of the time the request is made.				
2.b.1c If the screening identifies routine needs, services will be provided and the initial evaluation completed within 10 business days. In the event the individual presents during the screening with a substance use disorder, services will be provided and the initial evaluation completed within 7 days.				
2.b.2. The comprehensive person-centered and family-centered diagnostic and treatment planning evaluation is updated by the treatment team when changes in the consumer's status, responses to treatment or goal achievement have occurred and at least every 90 days.				
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 and those presenting for an urgent need within 1 business day.				

Criteria 2.C: 24/7 Access to Crisis Management Services				
	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
2.c.1. Provide crisis management services that are available and accessible 24 hours a day and are delivered within 2 hours.				
2.c.2. Has documented methods for providing a continuum of crisis prevention, response and postvention services that are available to consumers at intake.				
2.c.3. Consumers are educated about crisis management services and Psychiatric Advanced Directives and how to access crisis services, including suicide or crisis hotlines and warm lines, at the time of the initial evaluation.				
2.c.4. Has policies in place addressing coordination of services when consumers present to a local emergency department.				
2.c.5. Has policies in place addressing involvement of law enforcement when consumers are in psychiatric crisis.				
2.c.6. Has policies in place addressing reducing delays in initiating services during and after a consumer has experienced a psychiatric crisis.				
Criteria 2.D: No Refusal of Services Due to Inability to Pay				
2.d.1. Has policies in place to ensure: (1) no individuals are denied behavioral health care services, including but not limited to crisis				

	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
management services, because of an individual's inability to pay for such services**.**				
2.d.2. Has a published and visible sliding fee discount schedule(s) that includes all services the CCBHC proposes to offer pursuant to these criteria.				
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.				
2.d.4. Has written policies and procedures describing eligibility for and implementation of the sliding fee discount schedule that are applied equally to all individuals seeking services.				
Criteria 2.E.: Provision of Services Regardless of Residence				
2.e.1. Has written policies that services cannot be refused due to place of residence or homelessness or lack of a permanent address.				
2.e.2. Has written policies addressing the needs of consumers who do not live close to the CCBHC or within the catchment area.				
Program Requirement 3: CARE COORDINATION The statute requires: "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 centers (and as applicable, rural health clinics) to provide federally-qualified health center 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 centers, 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 centers, independent outpatient clinics, drop-in centers 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." (Section 223 (a)(2)(C) of PAMA)

Criteria 3.A: General Requirements of Care Coordination

	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
3.a.1. 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.				
3.a.2. 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. Necessary consent for release of information is obtained from				

	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
consumers for all care coordination relationships.				
3.a.3. Assists consumers and families of children and youth, referred to external providers or resources, in obtaining an appointment and confirms the appointment was kept.				
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.				
3.a.5. Makes and documents 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 safety and quality care.				
3.a.6. No limitations regarding a consumer's freedom to choose their provider with the CCBHC or its DCOs.				
Criteria 3.B: Care Coordination and Other Health Information Systems				
3.b.1. Maintains a health information technology (IT) system that includes, but is				

	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
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.				
3.b.2. Uses its health IT system to conduct activities such as population health management, quality improvement, reducing disparities and for research and outreach.				
3.b.3. If 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).				
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.				
3.b.5. The CCBHC will develop a plan to be produced within the two-year demonstration program time frame to focus on ways to				

	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
improve care coordination between the CCBHC and all DCOs using a health IT system.				
Criteria 3.C: Care Coordination Agreements				
3.c.1. 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. Protocols are in place to ensure adequate care coordination with other primary care providers, as well to ensure adequate care coordination for all consumers.				
3.c.2. 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.				
3.c.3. Has an agreement establishing care coordination expectations with a variety of community or regional services, supports and providers.				
3.c.4. Has an agreement establishing care coordination expectations with the nearest Department of Veterans Affairs' medical				

	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
center, independent clinic, drop-in center or other facility of the Department.				
3.c.5. 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.				
Criteria 3.D: Treatment Team, Treatment Planning and Care Coordination Activities				
3.d.1. 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.				
3.d.2. 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 works together to coordinate the medical, psychosocial, emotional, therapeutic and recovery support needs of consumers.				

	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
3.d.3. Coordinates care and services provided by DCOs in accordance with the current treatment plan.				

Program Requirement 4: SCOPE OF SERVICES

The statute requires: "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." (Section 223 (a)(2)(D) of PAMA)

Criteria 4.A: General Service Provisions

4.a.1. Which of the following services are provided directly by the CCBHC or by a DCO?	Directly	DCO	Not provided at all	Comments:
Crisis services:				
• After-hours crisis response				
• Mobile crisis management				
• Facility-based 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				
Intensive community-based outpatient behavioral health care for members of the US Armed Forces and veterans				
	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
4.a.2. 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.				
4.a.3. 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.				
4.a.4. DCO-provided services for CCBHC consumers must meet the same quality standards as those provided by the CCBHC.				
Criteria 4.B: Requirement of Person-Centered and Family-Centered Care				
4.b.1. Ensures all CCBHC services, including those supplied by its DCOs, are provided in a				

	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
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.				
4.b.2. Person-centered and family-centered care includes care which recognizes the particular cultural and other needs of the individual.				
Criteria 4.C: Crisis Behavioral Health Services				
4.c.1a. Directly provides robust and timely crisis behavioral health services which includes: 24 hour mobile crisis teams.				
4.c.1b. Directly provides robust and timely crisis behavioral health services which includes: emergency intervention services.				
4.c.1c. Directly provides robust and timely crisis behavioral health services which includes: crisis stabilization.				
Criteria 4.D: Screening, Assessment, and Diagnosis				
4.d.1. Directly provides screening, assessment, and diagnosis, including risk assessment for behavioral health conditions.				

	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
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.				
4.d.3. Initial assessment 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.				
4.d.4. A comprehensive person-centered and family-centered diagnostic and treatment planning evaluation is completed within 60				

	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
days (or within the timeframe required by States) by licensed behavioral health professionals.				
4.d.5. The comprehensive diagnostic and treatment planning evaluation includes: (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); (4) a diagnostic assessment, including current mental status, mental health (including depression screening) and substance use disorders (including tobacco, alcohol, and other drugs); (5) 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); (6) basic competency/cognitive impairment screening (including the consumer's ability to understand and participate in their own				

care); (7) 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; (8) a description of attitudes and behaviors, including cultural and environmental factors, that may affect the consumer's treatment plan; (9) the consumer's strengths, goals, and other factors to be considered in recovery planning; (10) pregnancy and parenting status; (11) 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); (12) 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 (13) 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.				

	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
4.d.6. Uses standardized and validated screening and assessment tools and, where appropriate, brief motivational interviewing techniques.				
4.d.7. Uses culturally and linguistically appropriate screening tools, and tools and approaches that accommodate disabilities (e.g., hearing disability, cognitive limitations).				
4.d.8. 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.				
Criteria 4.E: Person-Centered and Family-Centered Treatment Planning				
4.e.1. Directly provides person-centered and family-centered treatment planning or similar processes, including but not limited to risk assessment and crisis planning.				
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.				

	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
4.e.3. Uses consumer assessments to inform the treatment plan and services provided.				
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.				
4.e.5. Treatment plan is comprehensive, addressing all services required, with provision for monitoring of progress towards goals.				
4.e.6. As needed, consultation is sought during treatment planning about special emphasis problems, including for treatment planning purposes.				
4.e.7. The treatment plan documents the consumer's advance wishes related to treatment and crisis management and, if the consumer does not wish to share their preferences, that decision is documented.				
Criteria 4. F. Outpatient Mental Health and Substance Use Services				
4.f.1. Directly provides outpatient mental health 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.				

	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
4.f.1a. CCBHC provides Motivational Interviewing.				
4.f.1b. CCBHC provides Cognitive Behavioral individual, group and on-line Therapies (CBT).				
4.f.1c. CCBHC provides Dialectical Behavioral Therapy (DBT).				
4.f.1d. CCBHC provides addiction technologies.				
4.f.1e. CCBHC provides recovery supports.				
4.f.1f. CCBHC provides first episode early intervention for psychosis.				
4.f.1g. CCBHC provides Multi-Systemic Therapy (MST).				
4.f.1h. CCBHC provides Assertive Community Treatment (ACT).				
4.f.1i. CCBHC provides Forensic Assertive Community Treatment (F-ACT).				
4.f.1j. CCBHC provides Medication Assisted Treatment (MAT).				
4.f.1k. CCBHC provides community wrap-around services for youth and children.				
4.f.1l. CCBHC provides smoking cessation.				
4.f.1m Please list any other evidence-based practices your agency currently provides:				

	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
4.f.2. Treatments 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.				
4.f.3. 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.				
Criterion 4.G: Outpatient Clinic Primary Care Screening and Monitoring				
4.g.1. Directly or indirectly through a DCO provides outpatient clinic primary care screening and monitoring of key health indicators and health risk.				
4.g.1a Please describe the type of primary care screening and monitoring services that are directly provided.				
Criterion 4.H. Targeted Case Management Services				
4.h.1. Directly or indirectly through a DCO provides 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.				

Criteria 4.I: Psychiatric Rehabilitation Services				
	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
4.i.1a. Directly or indirectly through a DCO provide medication education.				
4.i.1b. Directly or indirectly through a DCO provide self-management.				
4.i.1c. Directly or indirectly through a DCO provide training in personal care skills.				
4.i.1d. Directly or indirectly through a DCO provide individual and family/caregiver psycho-education.				
4.i.1e. Directly or indirectly through a DCO provide community integration services.				
4.i.1f. Directly or indirectly through a DCO provide recovery support services including Illness Management & Recovery.				
4.i.1g. Directly or indirectly through a DCO provide financial management.				
4.i.1h. Directly or indirectly through a DCO provide dietary and wellness education.				
Criteria 4.J: Peer Supports, Peer Counseling and Family/Caregiver Supports				
4.j.1 Directly or indirectly through a DCO provide peer specialist and recovery coaches, peer counseling, and family/caregiver supports.				
Criterion 4.K. Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans				
4.k.1. Directly or indirectly through a DCO provide intensive, community-based behavioral health care for certain members of				

	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
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.				
4.k.2. All individuals inquiring about services are asked whether they have ever served in the U.S. military and then are provided assistance consistent with their military status (i.e., active versus veterans).				
4.k.3. Ensure 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.				
4.k.4. Every veteran seen for behavioral health services is assigned a Principal Behavioral Health Provider.				
4.k.5. Behavioral health services are recovery-oriented.				
4.k.6. All behavioral health care is provided with cultural competence.				

	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
4.k.7. Presence of a behavioral health Treatment plan for all veterans receiving behavioral health services.				
Program Requirement 5: QUALITY AND OTHER REPORTING The statute requires: "Reporting of encounter data, clinical outcomes data, quality data, and such other data as the Secretary requires." (Section 223 (a)(2)(E) of PAMA)				
	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
Criteria 5.A: Data Collection, Reporting, and Tracking				
5.a.1. Has the capacity to collect, report and track encounter, outcome and quality data, including: (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. Specific reporting requirements are listed in the CCBHC certification requirements in Appendix A.				
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.				

	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
5.a.3. Submit Treatment Episode Data Set (TEDS) data as required by state guidelines.				
5.a.4. Submit NC-Treatment Outcomes and Program Performance System (NC TOPPS) data as required by state guidelines.				
5.a.5. Provide Medicaid claims and encounter data to the state as outlined in Appendix A of the certification requirements.				
5.a.6. Submit an annual cost report with supporting data within six months after the end of each demonstration year to the state.				
Criteria 5.B: Continuous Quality Improvement (CQI) Plan				
5.b.1. 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.				
5.b.2. Specific events are expected to be addressed as part of the CQI plan, including: (1) CCBHC consumer suicide deaths or suicide attempts, and (2) CCBHC consumer 30 day				

	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
hospital readmissions for psychiatric or substance use reasons.				
Program Requirement 6: ORGANIZATIONAL AUTHORITY, GOVERNANCE AND ACCREDITATION The statute requires: "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.). (Section 223 (a)(2)(F) of PAMA)				
	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
Criteria 6.A. General Requirements of Organizational Authority and Finances				
6.a.1. The CCBHC is: (1) a non-profit organization, exempt from tax under Section 501(c)(3) of the United States Internal Revenue Code; **or** (2) is part of a local government behavioral health authority; **or** (3) 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.); **or** (4) 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.).				

	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
6.a.2. CCBHC will reach out to and enter into agreements to assist in the provision of services to AI/AN consumers and to inform the provision of services to those consumers.				
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.				
Criteria 6.B. Governance				
6.b.1. 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. Consumers and/or family members must make up 51% of the board membership.				
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 6.b.1.				

	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
6.b.3. If 6.b.1 cannot be met, 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.	N/A	N/A	N/A	N/A
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.	N/A	N/A	N/A	N/A
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.				

Criteria 6.C. Accreditation				
	Not Ready to Implement	Ready to Implement with Technical Assistance	Already Implemented	Comments and/or TA Needed (Specify)
6.c.1. CCBHCs will adhere to any applicable state accreditation, certification and/or licensing requirements.				