Requirements	Questions	Response
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 services may be provided by contract or part-time or as needed; (2) in CCBHC organizations comprised of multiple clinics, providers may be shared among clinics; and (3) CCBHCs may utilize telehealth/telemedicine and on-line services to alleviate shortages.	disorders as well as other medical or psychiatric disorders?	
	C. Are peer staff members included in the staffing plan?	
	D. Does the clinic either employ or make available through formal arrangements providers who are credentialed substance abuse specialists?	
	E. Does the clinic have staff with expertise in addressing trauma and promoting the recovery of children and adolescents with SED, adults with SMI, and those with primary or co-occurring substance use disorders?	
	F. Is the clinic located in a behavioral health professional shortage area (as determined by HRSA) and, if so, is that documented? (Please see 1.a.3.B above)	
	G. Does the clinic take appropriate steps (e.g., scheduling providers at multiple clinics, use of telehealth services or online services, use of supervised providers-in-training) to alleviate professional shortages where they exist?	

Criteria 1.C: CULTURAL COMPETENCE AND OTHER TRAINING

Authority: Section 223 (a(2(A))) of PAMA

Documents to Review Onsite or in Advance: (1) Training plan; (2) staff and other provider training records; (3) policies and procedures governing training; and (4) provider contracts, agreements, and any other relevant documentation of collaborative relationships related to other providers or to interpretation/translation services (as applicable)

Requirements	Questions	Response
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 of operations 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.	A. Does the clinic have a training plan in compliance with state standards for all staff employed and contracted to provide services to consumers and their families? This includes providers at DCOs who serve clinic consumers.	
	B At orientation and at reasonable intervals thereafter, do all clinic personnel, including those providers who are contracted with or work at a DCO, receive training that addresses cultural competency; person-centered, family-centered, recovery-oriented, evidence-based, and trauma-informed care; primary care/behavioral health integration; and the clinic's continuity plan?	
	C. At orientation and annually thereafter, does the clinic provide (at a minimum) training on (1) risk assessment, suicide prevention, and suicide response; (2) the roles of families and peers; and (3) other trainings required by the state or accrediting agency?	

Requirements	Questions	Response
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.	D. Are cultural competency trainings and materials provided to staff to address diversity within the population being served? Are these sufficient and effective?	
	E. If veterans are served, does cultural competency training satisfy the requirements of criteria 4.K?	
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.	A. Does the clinic have written policies and procedures that describe the methods for assessing the skills and competencies of providers? Are these policies and procedures routinely followed, and records kept of these assessments?	
	B. Are in-service training and education programs provided for individuals furnishing services (as necessary)?	
	C. Does clinic maintain a list of in-service training and educational programs provided during the previous 12 months?	
1.c.3 The CCBHC documents in the staff personnel records that the training and demonstration of competency are successfully completed.	A. Within personnel records, does the clinic maintain documentation that staff have completed training(s) and demonstrated competencies?	
1.c.4 Individuals providing staff training are qualified as evidenced by their education, training and experience.	A. Do individuals who provide staff training have the qualifications to do so as evidenced by their education, training, and experience?	

Criteria 1.D: LINGUISTIC COMPETENCE AND CONFIDENTIALITY OF PATIENT INFORMATION

Authority: Section 223 (a(2(A))) of PAMA

Documents to Review Onsite or in Advance: (1) Plan for providing meaningful access to consumers with Limited English Proficiency (LEP); (2) credentialing of interpreters who work with consumers; (3) list of auxiliary aids and services that are used to address consumers with disabilities; (4) intake and other critical documentation translated into primary languages of the population served; (5) policies for ensuring that staff adhere to confidentiality and privacy requirements; and (6) consumer consent to share medical records and information

Requirements	Questions	Response
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.	A. Are clinic services to consumers with LEP consistent with the results of the needs assessment?	
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.	A. Are interpretation/translation service(s) provided that are appropriate and timely for the size/needs of the LEP clinic consumer population (e.g., bilingual providers, onsite interpreter, and language telephone line)?	
	B. Are interpreters trained to function in a medical setting (e.g., confidentiality, plain language)?	
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).	A. Are auxiliary aids and services readily available and responsive to the needs of consumers with disabilities (e.g., sign language interpreters, TTY lines)?	

Requirements	Questions	Response
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.	A. On the basis of the findings of the needs assessment, are documents or messages vital to a consumer's ability to access clinic services (e.g., registration forms, sliding-scale fee discount schedule, after-hours coverage, signage) 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) and are they provided in a timely manner?	
	B. Are consumers made aware of these resources *at the time of intake* ?	
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.	A. Do clinic policies have explicit provisions for ensuring that all employees, affiliated providers, and interpreters understand and adhere to confidentiality and privacy requirements applicable to the service provider, including but not limited to the requirements of HIPAA, 42 CFR Part 2, patient privacy requirements specific to care for minors, and other state and federal laws?	
	B. Is consumer consent (including permission to communicate with other health care providers and sometimes a consumer's family or friends) regularly sought, explained, documented, and updated?	

SECTION 2: AVAILABILITY AND ACCESSIBILITY OF SERVICES

Criteria 2.A: GENERAL REQUIREMENTS OF ACCESS AND AVAILABILITY

Authority: Section 223 (a(2(B))) of PAMA

Documents to Review Onsite or in Advance: (1) clinic policies and procedures related to access; hours; transportation; in-home, telehealth, and online treatment; outreach and engagement services; and court ordered services; (2) hours of operation for clinic sites; (3) service area map with site locations noted; (4) contracts, agreements, and any other relevant documentation of collaborative relationships that support after-hours coverage, if applicable; (5) documentation translated into primary languages of the population served that informs consumers of after-hours coverage; (6) contracts, agreements, and any other relevant documentation of relationships that support use of telehealth, if applicable; and (7) Continuity of Operations Plan

Requirements	Questions	Response
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.	A. What measures does the clinic take to ensure that the clinic provides a safe, functional, clean, and welcoming environment for consumers and staff?	
	B. Does the clinic comply with all relevant federal, state, and local laws and regulations regarding client and staff safety, facility cleanliness, and accessibility?	
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.	A. What are the outpatient clinic hours of operation?	
	B. Do outpatient clinic hours include some night and weekend hours, and is there evidence (e.g., patient satisfaction or needs survey) that these hours of operation meet the needs of the population served?	
2.a.3 The CCBHC provides services at locations that ensure accessibility and meet the needs of the consumer population to be served.	A. At what location(s) are clinic services provided?	
	B. Are locations accessible to the consumer population being served? Any evidence to support consumer satisfaction with service location accessibility?	

Requirements	Questions	Response
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.	A. Does the clinic provide transportation or transportation vouchers for consumers? If not, why not?	
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.	A. Does the clinic use mobile in-home, telehealth/telemedicine, and/or online treatment services? If not, why not?	
	B. How would you rate (Advanced, Moderate, Little or None) the clinic's level of experience with or other preparation for providing these services (to the extent that they plan to use them)?	
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.	A. Does the clinic engage in outreach and engagement activities to assist consumers and families to access benefits and services?	
	B. What measures of accessibility does the clinic use to guide its outreach and engagement efforts? Is there evidence of adequate or improving accessibility?	
2.a.7 Services are subject to all state standards for the provision of both voluntary and court-ordered services.	A. Are clinic services aligned with state standards for the provision of both voluntary and court-ordered services?	
2.a.8 CCBHCs have in place a continuity of operations/disaster plan.	A. Does the clinic have an adequate continuity of operations/disaster plan in place? Are staff appropriately trained about this and aware of the plan?	

Criteria 2.B: REQUIREMENTS FOR TIMELY ACCESS TO SERVICES AND INITIAL AND COMPREHENSIVE EVALUATION FOR NEW CONSUMERS

Authority: Section 223 (a(2(B))) of PAMA

Documents to Review Onsite or in Advance: (1) Policies or procedures for new consumers and existing consumers who receive clinic services that should include timelines for screening and risk assessment, initial evaluation, comprehensive person-centered and family-centered diagnostic and treatment planning evaluation, treatment plan updates, and appointments; (2) evidence of compliance with requirements for timely evaluation and service; and (3) documentation of compliance with timeliness of evaluation, services, and treatment plan updates

Requirements	Questions	Response
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. 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.	A. Does the clinic have in place policies and/or procedures for new consumers that include administration of a preliminary screening and risk assessment to determine acuity of needs?	
	B. Does the clinic have in place policies and/or procedures for conducting an initial evaluation and comprehensive person-centered and family-centered diagnostic and treatment planning evaluation?	
	C. Does the clinic have in place policies and/or procedures if the screening or other evaluation identifies an emergency/crisis need? Are referrals and/or transfers documented and follow-up ensured?	
	D. Does the clinic have in place policies and/or procedures, when screening identifies an urgent need, that include a requirement that clinical services and initial evaluation are to be completed within 1 business day of the time the request is made, or, if state requirements mandate, within a more stringent state time frame?	
	E. Does the clinic have in place policies and/or procedures for when the screening identifies routine	

Requirements	Questions	Response
• 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.	needs that include a stipulation that services be provided and the initial evaluation completed within 10 business days, or, if state requirements mandate, within a more stringent state time frame?	
	F. Does the clinic have in place policies and/or procedures for cases when the initial evaluation is conducted telephonically that include a requirement that once the emergency is resolved, at the next subsequent encounter the consumer is seen in person and the initial evaluation is reviewed?	
	G. Does the clinic have in place policies and/or procedures for new consumers to receive a more comprehensive person-centered and family-centered diagnostic and treatment planning evaluation that is completed within 60 calendar days of the first request for services or, if state requirements mandate, within a more stringent state time frame?	

Requirements	Questions	Response
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.	A. Does the clinic have in place policies and/or procedures for updating the comprehensive person-centered and family-centered diagnostic and treatment planning evaluation when changes in the consumer's status, responses to treatment, or goal achievement have occurred? Is there quality control monitoring in place to ensure that these updates occur?	
	B. Are comprehensive person-centered and family-centered diagnostic and treatment planning evaluations updated by the treatment team, in agreement with and endorsed by the consumer and in consultation with the primary care provider (if any), no less frequently than every 90 calendar days, or, if state requirements mandate, within a more stringent state time frame?	
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.	A. Do CCBHC policies and proceedures require outpatient clinical services for established clinic consumers seeking an appointment for routine needs to be provided within 10 business days of the requested date for service or within the state time frame?	
	B. Does the clinic have in place policies and/or procedures for established clinic consumers who present with emergency/crisis needs, and do the policies and/or procedures include options for appropriate and immediate action? Are referrals and/or transfers documented and follow-up ensured?	
	C. Does the clinic have in place policies and/or procedures for established clinic consumers who present with an urgent need, and do the policies and/or procedures include a stipulation that clinical services be provided	

Requirements	Questions	Response
	within 1 business day of the request, or, if state requirements deemed acceptable at state selection mandate otherwise, within the state time frame?	

Criteria 2.C: ACCESS TO CRISIS MANAGEMENT SERVICES

Authority: Section 223 (a(2(B))) of PAMA

Documents to Review Onsite or in Advance: (1) Contracts, agreements, and any other relevant documentation of collaborative relationships that support crisis management coverage 24 hours a day, including documentation of relationships with emergency departments; (2) policies or procedures that describe the continuum of crisis and post-crisis services; (3) protocols for working with local law enforcement in the event of a consumer crisis; (4) policies or procedures describing how the public and clinic consumers and families are made aware of crisis management services; (5) documentation of use of crisis planning and/or Psychiatric Advance Directives; and (6) documentation translated into primary languages of the population served and at appropriate literacy levels that informs consumers about crisis management services

Requirements	Questions	Response
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.	A. Does the clinic provide crisis management services, as described in program requirement 4, which are available and accessible 24 hours a day and delivered within 3 hours?	
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.	A. Does the clinic have policies and procedures in place that describe the continuum of crisis prevention, response, and post-intervention services?	
	B. How is the availability of clinic crisis prevention, response, and post-intervention services communicated to the public?	
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).	A. Are clinic consumers advised about the availability of crisis management services, Psychiatric Advance Directives, and how to access crisis services *at the time of the initial evaluation*?	
	B. Does the clinic provide instructions on how to access crisis services and Psychiatric Advanced Directives using appropriate methods, language(s), and literacy levels in accordance with the populations identified during the needs assessment?	

Requirements	Questions	Response
2.c.4 In accordance with the requirements of program requirement 3, CCBHCs maintain a working relationship with local Emergency Departments (EDs). Protocols are established for CCBHC staff to address the needs of CCBHC consumers in psychiatric crisis who come to those EDs.	A. Does the clinic have in place policies and/or procedures to address the needs of clinic consumers in psychiatric crisis who come to emergency departments local to the CCBHC?	
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.	A. Does the clinic have in place policies and/or procedures to reduce delays for initiating services during and following a psychiatric crisis, including protocols for the involvement of law enforcement?	
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.	A. Following a psychiatric emergency or crisis involving a clinic consumer, do clinic providers work in conjunction with the consumer to create, maintain, and follow a crisis plan to prevent and de-escalate future crisis situations or to update an existing crisis plan?	

SECTION 3: CARE COORDINATION

Criteria 3.A: GENERAL REQUIREMENTS OF CARE COORDINATION

Authority: Section 223 (a(2(C))) of PAMA

Documents to Review Onsite or in Advance: (1) Policies and procedures related to care planning, coordination and integration of care across settings and providers, and transition planning; (2) client care plans; (3) tracking systems for referrals and follow-up; (4) client treatment plans and records; and (5) documentation of formal and informal arrangements with other providers of health care–related services, including but not limited to Health Insurance Portability and Accountability Act (HIPAA) compliance documentation

Requirements	Questions	Response
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.	A. Does the clinic coordinate care for consumers who require care from physical health care (acute and chronic) providers and behavioral health care providers?	
	B. As appropriate, does the clinic coordinate and provide access to social services for clinic consumers?	
	C. As appropriate, does the clinic coordinate and provide access to housing-related services for clinic consumers?	
	D. As appropriate, does the clinic coordinate and provide access to educational systems and services for clinic consumers?	
	E. As appropriate, does the clinic coordinate and provide access to employment-related services for clinic consumers?	
	F. If veterans are served, does care coordination satisfy the requirements of criteria 4.K?	

	G. Do care coordination arrangements meet the consumer needs identified in the state's preliminary needs assessment?	

Requirements	Questions	Response
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.	A. Does the clinic maintain the necessary documentation to satisfy the requirements of HIPAA?	
	B. Does the clinic maintain the necessary documentation to satisfy the requirements of 42 CFR Part 2 (Confidentiality of Alcohol and Drug Abuse Patient Records)?	
	C. Does the clinic maintain the necessary documentation to satisfy privacy and confidentiality requirements specific to the care of minors?	
	D. Does the clinic ensure that consumer preferences for sharing their information with families and others, and those of families of children and youth who are consumers, is properly documented in clinical records?	
	E. Does the clinic obtain necessary consents for the release of information needed in all care coordination relationships?	
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.	A. As needed and consistent with consumer preference, how does the clinic assist consumers(and families of children and youth who are consumers) who are referred to external providers or resources in obtaining an appointment(s)?	
	B. As needed and consistent with consumer preferences, is there documentation that the clinic follows up with external providers to confirm whether	

	clinic consumers' appointments were kept or rescheduled?	

Requirements	Questions	Response
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.	A. How does the clinic ensure that coordination activities are carried out in keeping with the consumer's preferences and needs for care?	
	B. Does the clinic develop a crisis plan with each consumer? If a consumer declines to participate in crisis planning, is that decision documented and periodically re-addressed?	
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.	A. Are procedures in place to help ensure that, with appropriate consumer consents to release information, clinic providers and other providers who prescribe medications are aware of all medications prescribed? Are pharmaceutical monitoring systems, if available, being utilized?	
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.	A. Does the clinic have agreements regarding care coordination with other providers?	
	B. Does the clinic agreement for care coordination allow for consumers to choose their providers within the clinic or its DCOs?	

Criteria 3.B: CARE COORDINATION AND OTHER HEALTH INFORMATION SYSTEMS

Authority: Section 223 (a(2(C))) of PAMA

Documents to Review Onsite or in Advance: (1) Health information technology (IT) system certification; (2) health IT data entry fields and capabilities; (3) clinic policies and procedures related to use of health IT for care planning, coordination, and integration of care across settings and providers, clinical decision-making, research, reporting, and quality improvement; and (4) agreements with DCOs around use of health IT including but not limited to HIPAA and 42 CFR Part 2 compliance documentation

Requirements	Questions	Response
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.	A. Does the clinic have a health IT system that includes electronic health records?	
	B. Does the clinic health IT system capture structured information such as consumer demographic information, diagnoses, and medication lists?	
	C. Does the clinic health IT system provide clinical decision support?	
	D. Is the clinic health IT system electronically transmitting prescriptions to the pharmacy?	
	E. Is there evidence that the clinic is using its health IT system to report data and quality measures?	
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.	A. Does the clinic use its health IT system for the purposes of population health management?	
	B. Does the clinic use its health IT system as a part of quality improvement activities?	
	C. Does the clinic use its health IT system as part of its efforts to reduce disparities?	
	D. Does the clinic use its health IT system to conduct research and outreach?	

Requirements	Questions	Response
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) for ONC's Health IT Certification Program.	A. If the clinic is establishing a new health IT system, is the new system capable of capturing structured information, including demographic information, problem lists, and medication lists?	
	B. If the clinic is establishing a new health IT system, is the product certified to meet criteria requirements in 3.b.1?	
	C. If the clinic is establishing a new health IT system, is it capable of sending and receiving the full common data set for all summary of care records and be certified to support capabilities, including transitions of care, privacy, and security?	
	D. If the clinic is establishing a new health IT system, is it certified to meet the "Patient List Creation" criterion (45 CFR §170.314(a)(14)) established by the Office of the National Coordinator (ONC) for the ONC Health IT Certification Program?	
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.	A. Do the clinic agreements with DCOs require that all steps be 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 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	A. Does the clinic have a plan (to be produced within the 2-year demonstration program time frame) to improve care coordination between the clinic and all DCOs using a health IT system?	

Requirements	Questions	Response
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.	B. Does the clinic plan include information on how the clinic can use the health IT system they have in place or are implementing for transitions of care to support electronic health information exchange to improve care transition to and from the clinic?	

Criteria 3.C: CARE COORDINATION AGREEMENTS

Authority: Section 223 (a(2(C))) of PAMA

Documents to Review Onsite or in Advance: (1) Documentation of agreements (as defined in the criteria) with all entities with which the statute and criteria require care coordination; (2) service area map; (3) contingency plans for care coordination that is not established through defined agreements; and (4) policies or procedures regarding coordination of care, tracking systems for referrals, HIPAA and other confidentiality compliance, discharge planning, and follow-up

Requirements	Questions	Response
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.	A. Does the clinic have in place agreements (as defined in the criteria) with geographically proximate FQHCs and, as applicable RHCs, to coordinate the provision of health care, to the extent that the health care services are not provided directly through the clinic?	
	B. Does the clinic have in place policies, procedures, or protocols to ensure adequate care coordination for consumers who are served by other primary care providers, including but not limited to s, HRSA-funded Health Centers, Health Center Program Look-alikes and private providers?	
	C. If agreements cannot be established, what is the clinic's justification for lack of agreement?	
	D. If agreements cannot be established, does the clinic have a contingency plan for ensuring coordination of primary care services for consumers?	
	E. Is there evidence that the clinic has begun and is continuing to work toward establishing formal contracts with these care coordination entities to the extent that such contracts have not been established?	

Requirements	Questions	Response
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.	A. Does the clinic have agreements (as defined in the criteria) establishing care coordination expectations with programs that can provide clinic consumers with inpatient psychiatric treatment, inpatient treatment with ambulatory and medical detoxification, post-detoxification step-down services, and residential programming needs?	
	B. Is the clinic able to track when consumers are admitted to and discharged from facilities providing inpatient psychiatric treatment, inpatient treatment with ambulatory and medical detoxification, post-detoxification step-down services, and residential programming?	
	C. Does the clinic have established protocols and procedures for transitioning individuals from emergency department, inpatient psychiatric, detoxification, and residential settings to a safe community setting?	
	D. Do clinic protocols and procedures provide for 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?	
	E. If agreements cannot be established, what is the clinic justification for lack of agreement?	
	F. If agreements cannot be established, does the clinic have a sufficient contingency plan for provision of services or are further efforts required?	

Requirements	Questions	Response
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	A. Does the clinic have agreements (as defined in the criteria) establishing care coordination expectations with a variety of community or regional services, supports, and providers?	
	B. Does the clinic have agreements establishing care coordination expectations with local schools?	
	C. Does the clinic have agreements establishing care coordination expectations with local child welfare agencies?	
	D. Does the clinic have agreements establishing care coordination expectations with local juvenile and criminal justice agencies and facilities (including drug, mental health, veterans, and other specialty courts)?	
	E. Does the clinic have agreements establishing care coordination expectations with local Indian Health Services youth regional treatment centers?	
	F. Does the clinic have agreements establishing care coordination expectations with local state licensed and nationally accredited child placement agencies for therapeutic foster care services?	
	G. With which other social and human services agencies does the clinic have agreements establishing care coordination expectations?	
	H. As necessary, with which additional community or regional services, supports, and providers does the clinic have an agreement?	

Requirements	Questions	Response
• 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.	I. Are care coordination agreements established with all necessary community or regional services, supports, and providers,as dentified by the needs assessment and/or indicated by the state?	
	J. If agreements cannot be established, what is the clinic justification for lack of agreement?	
	K. If agreements cannot be established, does the clinic have a sufficient contingency plan for provision of services or are further efforts required?	
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.	A. Does the clinic have agreements (as defined in the criteria) establishing care coordination expectations with the nearest Department of Veterans Affairs medical center, independent clinic, drop-in center, and/or other facility of the Department?	
	B. If agreements cannot be established, what is the clinic justification for lack of agreement?	
	C. If agreements cannot be established, does the clinic have a sufficient contingency plan for provision of services or are further efforts required?	
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	A. Does the clinic have agreements (as defined in the criteria) 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?	

Requirements	Questions	Response
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.	B. Does the agreement include provisions to help transition individuals from the emergency department or hospital to clinic care?	
	C. Does the agreement include procedures that will reduce the time between assessment and treatment?	
	D. Does the agreement allow for tracking by the clinic of when clinic consumers are admitted and discharged?	
	E. Does the agreement provide for transfer of medical records of services received by the consumer?	
	F. Does the clinic make and document reasonable attempts to contact all clinic consumers who are discharged from these settings within 24 hours of discharge?	
	G. Does the clinic have policies or procedures that are designed to reduce suicide risk in place for individuals who are admitted to these facilities as a potential suicide risk?	
	H. If agreements cannot be established, what is the clinic justification for lack of agreement?	
	I. If agreements cannot be established, does the clinic have a sufficient contingency plan for provision of services or are further efforts required?	

Criteria 3.D: TREATMENT TEAM, TREATMENT PLANNING AND CARE COORDINATION ACTIVITIES

Authority: Section 223 (a(2(C))) of PAMA

Documents to Review Onsite or in Advance: Policies and procedures related to treatment teams, treatment planning, care coordination, interdisciplinary treatment teams, and processes for working with DCOs in accordance with treatment plans

Requirements	Questions	Response
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.	A. Do the clinic policies and procedures define the treatment team as including the consumer, the family/caregiver of child consumers, the adult consumer's family to the extent that the consumer does not object, and any other person the consumer chooses?	
	B. Do the clinic policies and procedures include provision that all treatment planning and care coordination be person centered and family centered and aligned with the requirements of Section 2402(a) of the Affordable Care Act?	
	C. Do all treatment planning and care coordination activities conform to the requirements of HIPAA, 42 CFR Part 2, and other federal and state laws, including patient privacy requirements specific to the care of minors?	
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.	A. As appropriate for the individual's needs, does the clinic designate an interdisciplinary treatment team that is responsible, with the consumer or family/caregiver, for directing, coordinating, and managing care and services for the consumer?	
	B. What criteria do the clinic use to determine whether an interdisciplinary treatment team is needed for individual consumers?	

Requirements	Questions	Response
Note: See criteria 4.K relating to required treatment planning services for veterans.	C. To the extent that the state has established criteria for the use of an interdisciplinary treatment team, are those criteria satisfied?	
	D. Where appropriate, are traditional approaches to care for consumers who may be American Indian or Alaska Native included within treatment planning?	
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.	A. What processes or procedures are in place to help the clinic coordinate care and services provided by DCOs in accordance with the current treatment plan?	

SECTION 4: SCOPE OF SERVICES

Criteria 4.A: GENERAL SERVICE PROVISIONS

Authority: Section 223 (a(2(D))) of PAMA

Documents to Review Onsite or in Advance: (1) Documentation of the scope of services provided directly by the clinic and services provided by DCOs, (2) process for how consumers are provided with freedom to choose providers, (3) documentation of the clinic grievance process, and (4) formal agreements between clinic and its DCOs

Requirements	Questions	Response
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.	A. Do the formal agreements between the clinic and its DCOs make it clear that the clinic retains ultimate clinical responsibility for services provided by the DCOs to clinic consumers? B. Does the clinic provide the majority of the care for clinic consumers?	

Requirements	Questions	Response
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.	A. If not available directly through the clinic, are all clinic services provided through a DCO, with the exception of individually required specialty services for which a referral may be needed?	
	B. Do clinic consumers have the freedom to choose providers within the clinic and its DCOs?	
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.	A. With regard to clinic or DCO services, does the grievance process satisfy the minimum requirements of Medicaid and other grievance requirements such as those that may be mandated by relevant accrediting entities?	
	B. Do clinic consumers have access to the clinic's grievance procedures?	
	C. Do the formal agreements between the clinic and its DCOs make clear that clinic consumers will have access to clinic grievance procedures for clinic services provided by the DCO and that the DCO must accommodate the outcome of the clinic grievance process?	
4.a.4 DCO-provided services for CCBHC consumers must meet the same quality standards as those provided by the CCBHC.	A. How does the clinic ensure that services provided by the DCO meet the same quality standards as those provided by the clinic?	
	B. Do the formal agreements between the clinic and its DCOs make clear that clinic services provided by the DCO must meet the same quality standards as those required of the clinic?	
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.	A. Do the entities with which the clinic coordinates care and all clinic DCOs, taken in conjunction with the clinic itself, satisfy these criteria?	

Criteria 4.B: REQUIREMENT OF PERSON-CENTERED AND FAMILY-CENTERED CARE

Authority: Section 223 (a(2(D))) of PAMA ; Section 2402(a) of the Affordable Care Act

Documents to Review Onsite or in Advance: (1) Documentation of policies or procedures for ensuring that services are person- and family-centered, recovery-oriented, and respectful of the individual consumer's needs, preferences, and values, with both consumer involvement and self-direction of services received; (2) documentation of policies or procedures to ensure that services for children and youth are family-centered, youth-guided, and developmentally appropriate; and (3) documentation that care provided reflects cultural and other needs identified in the needs assessment

Requirements	Questions	Response
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.	A. Are all clinic services, including those supplied by its DCOs, provided in a manner (1) reflecting person- and family-centered, recovery-oriented care; (2) respectful of the individual consumer's needs, preferences, and values; and (3) ensuring both consumer involvement and self-direction of services received?	
	B. Are the services for children and youth, family-centered, youth-guided, and developmentally appropriate?	
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.	A. Does the clinic provide person-centered and family-centered care that recognizes particular cultural and other needs as reflected in the results of the needs assessment?	

Criteria 4.C: CRISIS BEHAVIORAL HEALTH SERVICES

Authority: Section 223 (a(2(D(i)))) of PAMA

Documents to Review Onsite or in Advance: (1) If crisis services are provided by a DCO, the formal agreement with that DCO, (2) description of crisis behavioral health services offered, and (3) protocols for the role of law enforcement during the provision of crisis services

Requirements	Questions	Response
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 post-intervention services and criterion 3.c.5 regarding coordination of services and treatment planning, including after discharge from a hospital or ED following a psychiatric crisis.	A. Does the clinic directly provide robust and timely crisis behavioral health services as defined by the state, including 24-hour mobile crisis teams, emergency crisis interventions services, and crisis stabilization, or are those services provided by an existing state-sanctioned, certified, or licensed system or network that serves as a DCO?	_____ CCBHC _____ DCO _____ Both _____ Neither (if neither, explain)
	B. Of the crisis behavioral health services provided, are the following included: suicide crisis response and services capable of addressing crises related to substance abuse and intoxication, including ambulatory and medical detoxification?	
	C. Of the crisis behavioral health services provided, are all specific services required by the state provided in a robust and timely manner? Specific services required by the state include: [STATE INSERTS ITS REQUIREMENTS].	
	D. Does the clinic have an established protocol that specifies the role of law enforcement during the provision of crisis services?	

Criteria 4.D: SCREENING, ASSESSMENT, AND DIAGNOSIS

Authority: Section 223 (a(2(D(ii)))) of PAMA

Documents to Review Onsite or in Advance: (1) Description of screening, assessment, and diagnosis tools and processes used by the clinic; (2) description of specialized services that are offered outside of the clinic; (3) documentation of formal relationships with specialized service providers; (4) protocol for the initial evaluation; (5) protocol for comprehensive diagnostic and treatment planning evaluation; (6) list and description of assessment and screening tools used; (7) listing and credentialing of staff members who use brief motivational interviewing techniques; and (8) protocol for addressing unsafe substance use, including problematic alcohol use

Requirements	Questions	Response
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.	A. Does the clinic provide screening, assessment, and diagnosis, including risk assessment, for behavioral health conditions?	
	B. If specialized services beyond the clinic's expertise are required, does the clinic provide them by referral through a formal relationship with other providers or through the use of telehealth/telemedicine services, when appropriate?	
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.	A. Are screening, assessment, and diagnosis services conducted in a timely manner as defined by the state and in a time frame that is responsive to the consumer's needs?	
	B. Are screening, assessment, and diagnostic services sufficient to assess the need for all services provided by the clinic and its DCOs?	

Requirements	Questions	Response
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.	A. Does the initial evaluation of the consumer include the following: (1) preliminary diagnoses; (2) source of referral; (3) reason for seeking care, as stated by the consumer or other individuals who are significantly involved; (4) identification of the consumer's immediate clinical care needs related to the diagnoses for mental and substance use disorders; (5) a list of current prescriptions and over-the-counter medications, as well as other substances the consumer may be taking; (6) an assessment of whether the consumer is a risk to self or to others, including suicide risk factors; (7) an assessment of whether the consumer has other concerns for their safety; (8) an assessment of need for medical care (with referral and follow-up as required); (9) a determination of whether the person presently is or ever has been a member of the U.S. Armed Services; and (10) such other assessment as the state may require as part of the initial evaluation? Specific assessments required by the state include: [STATE INSERTS ITS REQUIREMENTS].	
	B. Are release of information/consent forms regularly obtained as part of the initial evaluation and are applicable requirements of HIPAA, 42 CFR Part 2, and other state and federal laws satisfied?	
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	A. Is a comprehensive person-centered and family-centered diagnostic and treatment planning evaluation completed within 60 days by licensed behavioral health professionals who, in conjunction with the consumer, are members of the treatment team, performing within the state's scope of practice?	

Requirements	Questions	Response
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.		
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	A. Does the comprehensive diagnostic and treatment planning evaluation meet state, federal. or applicable accreditation standards? State-specific requirements for evaluation include: [STATE INSERTS ITS REQUIREMENTS].	

Requirements	Questions	Response
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.		
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.	A. Does the clinic screening and assessment program related to behavioral health include those for which the clinic will be accountable by the state, including but not limited to those elements identified in Appendix A? Specific screening and assessment related to behavioral health required by the state include: [STATE INSERTS ITS REQUIREMENTS].	
4.d.7 The CCBHC uses standardized and validated screening and assessment tools and, where appropriate, brief motivational interviewing techniques.	A. Does the clinic use standardized and validated screening and assessment tools?	
	B. Are clinic providers trained in brief motivational interviewing techniques?	
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.	A. Does the clinic use culturally and linguistically appropriate screening tools?	
	B. Does the clinic use tools/approaches that accommodate disabilities (e.g., hearing disability, cognitive limitations), when appropriate?	
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.	A. If screening identifies unsafe substance use, including problematic alcohol use, does the clinic conduct a brief intervention and, if applicable, provide or refer the consumer for full assessment and treatment?	

Criteria 4.E: PERSON-CENTERED AND FAMILY-CENTERED TREATMENT PLANNING

Authority: Section 223 (a(2(D(iii)))) of PAMA

Documents to Review Onsite or in Advance: (1) Policies and protocols related to treatment planning, (2) a sample of individualized treatment plans and prior assessments, and (3) documentation of consumer consent or refusal of consent to permit family or other participation in treatment planning

Requirements	Questions	Response
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.	A. Does the clinic provide 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. **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.	A. Does the clinic collaborate with consumers, the adult consumer's family to the extent that the consumer so wishes, and family/caregivers of youth and children, to develop an individualized plan integrating prevention, medical, and behavioral health needs, and service delivery?	
	B. Is the individualized plan endorsed by the consumer, the adult consumer's family to the extent that the consumer so wishes, or family/caregivers of youth and children?	
	C. Is the individualized plan coordinated with staff members or programs necessary to carry out the plan?	
4.e.3 The CCBHC uses consumer assessments to inform the treatment plan and services provided.	A. Does the clinic use consumer feedback to inform the treatment plan and services provided?	

Requirements	Questions	Response
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.	A. Do clinic consumer treatment plans include needs, strengths, abilities, preferences, and goals, expressed in a manner that captures the consumer's words or ideas and, when appropriate, those of the consumer's family/caregiver?	
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.	A. Is the treatment plan comprehensive, addressing all services required, with provision for monitoring of progress toward goals?	
	B. Is the treatment plan based on a shared decision-making approach?	
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).	A. Does the clinic seek consultation during treatment planning about special emphasis problems, as appropriate, and integrate the results of such consultation into treatment planning?	
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.	A. Does the clinic document the consumer's advance wishes related to treatment and crisis management or the consumer's decision not to discuss those preferences?	
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).	A. Does the clinic comply with the state-specified aspects of consumer, person-centered, and family-centered treatment planning? Specific treatment planning components required by the state include: [STATE INSERTS ITS REQUIREMENTS].	

Criteria 4.F: OUTPATIENT MENTAL HEALTH AND SUBSTANCE USE SERVICES

Authority: Section 223 (a(2(D(iv)))) of PAMA

Documents to Review Onsite or in Advance: (1) List and description of evidence-based and best practices offered to consumers by the clinic and those providing specialized services, (2) documentation that treatments are delivered by staff members with specific training in treating the segment of the population being served, and (3) sample of treatment plans and medical records for individuals across age groups

Requirements	Questions	Response
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.	A. Are the evidence-based or best practices in outpatient mental and substance use disorder services offered by the clinic consistent with the CCBHC's needs assessment and state requirements?	
	B. Does the clinic make available specialized services for purposes of outpatient mental and substance use disorder treatment, through referral or formal arrangement with other providers or, where necessary and appropriate, through the use of telehealth/telemedicine services?	

Requirements	Questions	Response
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[1]; 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.	A. Does the clinic comply with the state-established minimum set of evidence-based practices required of the clinic? Specific evidence-based practices required by the state include: [STATE INSERTS ITS REQUIREMENTS].	

[1] Addiction technologies are evidence based programs, interventions, and practices that have demonstrated effectiveness with specific populations including persons with co-occurring mental illness and substance abuse disorders, in preventing, treating, and supporting recovery from substance use disorders (SUD). Examples of such are available in, but not limited to those listed on, SAMHSA's National Registry of Evidenced Based Programs and Practices (NREPP).

Requirements	Questions	Response
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.	A. Does the clinic provide evidenced-based services that are developmentally appropriate, youth-guided, and family/caregiver-driven with respect to children and adolescents?	
	B. When treating older adults, does the clinic consider the individual consumer's desires and functioning and appropriate evidenced-based treatments?	
	C. When treating individuals with developmental or other cognitive disabilities, does the clinic consider the level of functioning and appropriate evidenced-based treatments?	
	D. Are all treatments delivered by staff members with specific training in treating the segment of the population being served?	
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.	A. Does the clinic use a family/caregiver-driven, youth-guided, and developmentally appropriate approach when treating children and adolescents?	
	B. Does the approach that the clinic uses when addressing the needs of children comprehensively address family/caregiver, school, medical, mental health, substance misuse, psychosocial, and environmental issues?	

Criteria 4.G: OUTPATIENT CLINIC PRIMARY CARE SCREENING AND MONITORING

Authority: Section 223 (a(2(D(v)))) of PAMA

Documents to Review Onsite or in Advance: (1) List and description of key health indicators and health risks that are screened for and monitored in outpatient clinic primary care, (2) documentation of the scope of outpatient clinic primary care screening and monitoring services provided directly by the clinic and services provided by DCOs, and (3) formal agreements between the clinic and any DCOs that provide outpatient clinic primary care screening and monitoring to clinic consumers

Requirements	Questions	Response
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.	A. Does the clinic or a DCO provide outpatient clinic primary care screening and monitoring of key health indicators and health risk?	_____ clinic _____ DCO _____ Both _____ Neither (explain)
	B. Whether provided by the clinic directly or by a DCO, does the clinic ensure the provision of outpatient clinic primary care screening and monitoring of key health indicators and health risk?	
	C. Does the clinic screening and monitoring of key health indicators and health risk include those for which the clinic will be accountable to the state, including but not limited to those identified in Appendix A? Specific screening and assessment related to key health indicators and health risk required by the state include: [STATE INSERTS ITS REQUIREMENTS].	
	D. Regardless of whether they are provided directly by the clinic or through a DCO, are outpatient clinic primary care screening and monitoring of key health indicators and health risk received in a timely fashion?	

Requirements	Questions	Response
	E. Does the clinic ensure that children and older adults receive age-appropriate screening and prevention interventions?	

Criteria 4.H: TARGETED CASE MANAGEMENT SERVICES

Authority: Section 223 (a(2(D(vi)))) of PAMA

Documents to Review Onsite or in Advance: (1) Description of targeted case management services, (2) documentation of scope of targeted case management services provided directly by the clinic and services provided by DCOs, and (3) formal agreements between the clinic and any DCOs that targeted case management services to clinic consumers

Requirements	Questions	Response
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.	A. Does the clinic or a DCO provide high-quality targeted case management services that will assist individuals in sustaining recovery and in gaining access to needed medical, social, legal, educational, and other services and supports?	_____ clinic _____ DCO _____ Both _____ Neither (explain)
	B. Regardless of whether they are provided by the clinic directly or by a DCO, does the clinic ensure high-quality targeted case management services that will assist individuals in sustaining recovery and in gaining access to needed medical, social, legal, educational, and other services and supports?	
	C. Do the clinic targeted case management services include supports for persons deemed at high risk of suicide, particularly during times of transitions such as from an emergency department or psychiatric hospitalization?	
	D. Does the targeted case management provided by the clinic meet state standards for scope of services to address specific populations? Specific targeted case management services required by	

Requirements	Questions	Response
	the state and population addressed, include: [STATE INSERTS ITS REQUIREMENTS].	

Criteria 4.I: PSYCHIATRIC REHABILITATION SERVICES

Authority: Section 223 (a(2(D(vii)))) of PAMA

Documents to Review Onsite or in Advance: (1) Description of psychiatric rehabilitation services, (2) documentation of scope of psychiatric rehabilitation services provided directly by the clinic and provided by DCOs, and (3) formal agreements between the clinic and any DCOs that provide psychiatric rehabilitation services to clinic consumers

Requirements	Questions	Response
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.	A. Does the clinic or a DCO provide high-quality evidence-based and other psychiatric rehabilitation services, based on the CCBHC needs assessment?	_____ clinic _____ DCO _____ Both _____ Neither (explain)
	B. Do the psychiatric rehabilitation services provided by the clinic meet state requirements for psychiatric rehabilitation services? Specific psychiatric rehabilitation services required by the state include: [STATE INSERTS ITS REQUIREMENTS].	

Criteria 4.J: PEER SUPPORTS, PEER COUNSELING, AND FAMILY/CAREGIVER SUPPORTS

Authority: Section 223 (a(2(D(viii)))) of PAMA

Documents to Review Onsite or in Advance (1) Description of services provided by peer specialist and recovery coaches, peer consulting, and family/caregiver supports; (2) documentation of the scope of peer and family services provided directly by the clinic and provided by DCOs; and (3) formal agreements between the clinic and any DCOs that provide peer or family services to clinic consumers

Requirements	Questions	Response
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.	A. Does the clinic or a DCO provide peer specialist and recovery coaches, peer consulting, and family/caregiver supports, based on the needs of the population served?	_____ clinic _____ DCO _____ Both _____ Neither (explain)
	B. Regardless of whether they are provided by the clinic directly or by a DCO, does the clinic ensure the provision of high-quality peer specialist and recovery coaches, peer consulting, and family/caregiver supports, based on the needs of the population served?	
	C. Does the clinic provide state-specified services that incorporate peer specialist and recovery coaches, peer consulting, and family/caregiver supports? Do the peer specialist and recovery coaches, peer consulting, and family/caregiver support services provided by the clinic meet state requirements for peer and family services? Specific peer and family services required by the state include: [STATE INSERTS ITS REQUIREMENTS].	

Criteria 4.K: INTENSIVE, COMMUNITY-BASED MENTAL HEALTH CARE FOR MEMBERS OF THE ARMED FORCES AND VETERANS

Authority: Section 223 (a(2(D(ix)))) of PAMA

Documents to Review Onsite or in Advance: (1) clinic policies and procedures related to the provision of intensive, community-based behavioral health care services to veterans and active duty military personnel; (2) documentation the of scope of intensive, community-based behavioral health care services provided directly by the clinic and provided by DCOs to veterans and active duty military personnel; (3) formal agreements between the clinic and any DCOs that provide intensive, community-based behavioral health care services to veterans and active duty military personnel who are clinic consumers; and (4) sample of veteran treatment plans

Requirements	Questions	Response
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.	A. Does the clinic or a DCO provide intensive, community-based behavioral health care for certain* members of the U.S. Armed Forces and veterans, particularly those Armed Forces members who are located 50 miles or more (or 1 hour 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? * inclusive of the populations mentioned in the following sentence as well as National Guard and reserve members that are not eligible for TRICARE or VA benefits.	_____ clinic _____ DCO _____ Both _____ Neither (explain)
	B. Whether provided by the clinic directly or by a DCO, does the clinic ensure that care to veterans is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration (VHA), including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration?	

Requirements	Questions	Response
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.	A. Does the clinic ask and document asking all individuals who inquire about services whether they have ever served in the U.S. military?	
	B. Are those affirming current military service directed to care in accordance with criterion 4.k.2 and provided services at the clinic or elsewhere as those standards require?	
	C. Does the clinic offer assistance to enroll in the VHA for the delivery of medical and behavioral health services to persons affirming former military service?	
	D. Does the clinic provide services consistent with minimum clinical mental health guidelines promulgated by the VHA to veterans who decline or are ineligible for VHA services?	

Requirements	Questions	Response
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.	A. Does the clinic provide coordination between the care of substance use disorders and other mental health conditions for veterans and active duty military personnel who experience both to the extent that those services are appropriately provided by the clinic in accordance with criteria 4.k.1 and 4.k.2?	
	B. Does the clinic provide for the integration or coordination of care for behavioral health conditions and other components of health care for all veterans and active duty military personnel who experience both to the extent that those services are appropriately provided by the clinic in accordance with criteria 4.k.1 and 4.k.2?	
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.	A. Does the clinic assign a Principal Behavioral Health Provider to every veteran seen, unless the VHA has already assigned a Principal Behavioral Health Provider ?	
	B. When veterans are seeing more than one behavioral health provider and when they are involved in more than one program, is the identity of the Principal Behavioral Health Provider made clear to the veteran and identified in the medical record?	
	C. Are the roles and responsibilities of the Principal Behavioral Health Provider clearly defined and consistent with the requirements of criterion 4.k.4?	

Requirements	Questions	Response
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.		

Requirements	Questions	Response
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.	A. Do clinic care and services for veterans adhere to the guiding principles of recovery, VHA recovery, and other VHA guidelines?	

Requirements	Questions	Response
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.	A. Are clinic staff members trained in cultural competency and specifically in military and veterans' culture?	
	B. Do clinic staff members who work with veterans receive cultural competency training on issues of race, ethnicity, age, sexual orientation and gender identity?	
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.	A. Does the clinic require a behavioral health treatment plan for all veterans receiving behavioral health services?	
	B. Does the behavioral health treatment plan for veterans include the veteran's diagnosis or diagnoses and document consideration of each type of evidence-based intervention for each diagnosis?	
	C. Does the behavioral health treatment plan for veterans include approaches to monitoring the outcomes (therapeutic benefits and adverse effects) of care, and milestones for reevaluation of interventions and of the plan itself?	
	D. Does the behavioral health treatment plan for veterans consider interventions intended to reduce/manage symptoms, improve functioning, and prevent relapses or recurrences of episodes of illness?	
	E. Is the behavioral health treatment plan for veterans recovery-oriented, attentive to the veteran's values and preferences, and evidence-based, regarding what constitutes effective and safe treatments?	

Requirements	Questions	Response
	F. Is the behavioral health treatment plan for veterans developed with input from the veteran and when the veteran consents, appropriate family members?	
	G. Is the veteran's verbal consent to the treatment plan documented?	

SECTION 5: QUALITY AND OTHER REPORTING

Criteria 5.A: DATA COLLECTION, REPORTING, AND TRACKING

Authority: Section 223 (a(2(E))) PAMA

Documents to Review Onsite or in Advance: (1) clinic policies, procedures, and/or protocols related to data collection, data and cost reporting, and quality measurement; (2) data collection reports with data fields defined; (3) clinic agreement documents with DCOs specifying data collection and requirements for consent; (4) annual cost report format; and (5) existing evidence of ability to collect and report data required by program requirement 5 and Appendix A of the criteria

Requirements	Questions	Response
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.	A. Does the clinic have the capacity to collect, report, and track encounter, outcome, and quality data, including all data and quality measures that Appendix A of the criteria requires be reported by clinic s rather than the state?	
	B. Do clinical data reporting systems have the capacity to track the following elements: (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?	
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.	A. Do reports reflect data for all clinic consumers?	
	B. If data constraints exist, do reports at a minimum include all Medicaid enrollees in the clinic?	

Requirements	Questions	Response
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.	A. Does the clinic have a relationship with DCOs that allows for collection of data and quality measures following consumer consent for releases of information?	
5.a.4 As specified in Appendix A, some aspects of data reporting will be the responsibility of the state, using Medicaid claims and encounter data. States must provide CCHBC-level Medicaid claims or encounter data to the evaluators of this demonstration program annually. At a minimum, consumer and service-level data should include a unique consumer identifier, unique clinic identifier, date of service, CCBHC-covered service provided, units of service provided and diagnosis. These data must be reported through MMIS/T-MSIS in order to support the state's claim for enhanced federal matching funds made available through this demonstration program. For each 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	A. The clinic has agreed to and demonstrates the ability to report data listed in Criteria Appendix A CCBHC Required Measures and such other data as the state requires to participate in the demonstration program.	
	B. The clinic agrees to participate in discussions with the national evaluation team.	

HHS and the evaluator. If requested, CCBHCs will participate in discussions with the national evaluation team.		
Requirements	**Questions**	**Response**
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.	A. Does the clinic have procedures in place to submit an annual cost report with supporting data to the state within 6 months after the end of the demonstration year?	

Criteria 5.B: CONTINUOUS QUALITY IMPROVEMENT (CQI) PLAN

Authority: Section 223 (a(2(E))) of PAMA

Documents to Review Onsite or in Advance: (1) Continuous quality improvement (CQI) plan for clinical services and clinical management (not administrative management) with CQI projects identified, (2) clinic policies and procedures related to CQI, (3) job description of personnel responsible for CQI plan, (4) data on consumer suicide attempts and completed suicides, and (5) data on consumer 30-day hospital readmissions for psychiatric or substance use reasons

Requirements	Questions	Response
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.	A. Does the clinic develop, implement, and maintain a clinic -wide data-driven CQI plan for clinical services and clinical management?	
	B. Does the CQI plan identify CQI projects that are based on the needs of the clinic population and reflect the scope, complexity, and past performance of the clinic's services and operations?	
	C. Does the CQI plan address priorities for improved quality of care and client safety?	
	D. Are the CQI projects evaluated annually and for effectiveness?	
	E. Does the CQI plan focus on indicators related to improved behavioral and physical outcomes and call for actions designed to improve clinic performance in those areas?	
	F. Does the clinic document each CQI project implemented, the reasons for the projects, and measurable progress achieved by the projects?	
	G. Whom has the clinic designated to be responsible for operating the CQI program?	

Requirements	Questions	Response
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.	A. Does the clinic CQI plan address consumer suicide deaths and suicide attempts?	
	B. Does the clinic CQI plan address consumer 30-day hospital readmissions for psychiatric or substance use reasons?	
	C. Does the clinic CQI plan address events that the state or applicable accreditation bodies deem appropriate?	

SECTION 6: ORGANIZATIONAL AUTHORITY, GOVERNANCE, AND ACCREDITATION

Criteria 6.A: GENERAL REQUIREMENTS OF ORGANIZATIONAL AUTHORITY AND FINANCES

Authority: Section 223 (a(2(F))) of PAMA

Documents to Review Onsite or in Advance: (1) Organizational/corporate bylaws; (2) documents establishing organizational status; (3) documentation establishing communications with the Indian Health Service, an Indian tribe, or a tribal or urban Indian organization engaged within its geographic service area, as applicable; (4) independent annual Audit Report; and (5) independent annual Audit Report corrective action plan, if applicable

Requirements	Questions	Response
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.	A. Does the clinic maintain documentation that it conforms to at least one of the statutorily established criteria? • Is a nonprofit organization, exempt from tax under Section 501(c)(3) of the U.S. 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 a 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.)	

Requirements	Questions	Response
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.	A. If the clinic does not operate under the authority of the Indian Health Service, an Indian tribe, or a tribal or urban Indian organization, but does serve a population that includes American Indian and Alaska Native (AI/AN) consumers, has the clinic reached out to the Indian Health Service, Indian tribes, or tribal or urban Indian organizations in the area to assist in the provision of services to AI/AN consumers and to inform the provision of services to those consumers?	
	B. If the clinic and entities operating under authority of the Indian Health Service, an Indian tribe, or a tribal or urban Indian organization are jointly providing services, do the clinic and those collaborating entities, as a whole, satisfy these criteria?	
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.	A. Is an independent financial audit, performed in accordance with federal audit requirements (45 CFR Part 75), conducted annually?	
	B. As applicable, is a corrective action plan submitted that addresses all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report?	

Criteria 6.B: GOVERNANCE

Authority: Section 223 (a(2(F))) of PAMA

Documents to Review Onsite or in Advance: (1) List of clinic board members including their areas of expertise; (2) organizational/corporate bylaws; (3) board member application and disclosure forms; (4) clinic plan for incorporating representativeness and meaningful participation by consumers and family members; (5) transition plan to meet this criteria, if applicable; and (6) documentation to confirm that no more than 50 percent of the governing board derives more than 10 percent of their annual income from the health care industry

Requirements	Questions	Response
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.	A. As a group, does the clinic board represent the individuals being served by the clinic 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?	
	B. How does the clinic incorporate meaningful participation by adult consumers with mental illness, adults recovering from substance use disorders, and family members of clinic consumers? • 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 clinic's policies, processes, and services? OR • As described in criteria 6.b.4?	

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.	A. If the clinic has not met this requirement, has it developed a transition plan with timelines to meet criteria 6.b.1 or 6.b.4?	
Requirements	**Questions**	**Response**
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.	A. If the clinic could not meet the Board membership requirements because it 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, has it developed an advisory structure and other specifically described methods for consumers, persons in recovery, and family members to provide meaningful input to the board about the clinic's policies, processes, and services?	
	B. If the clinic is relying on 6.b.3, what is the justification?	
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.	A. If the clinic could not meet the Board membership requirements in 6.b.1 and relies on 6.b.4 instead, are the clinic efforts acceptable? If not, what additional or different mechanisms did the state require and were they met by the clinic?	
	B. On the basis of the alternative means of enhancing its governing body's ability to ensure that it is responsive to the needs of its consumers, families, and communities, does the clinic make available the results of their efforts in terms of outcomes and resulting changes?	

Requirements	Questions	Response
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.	A. Are members of the clinic governing or advisory board representative of the communities in which the clinic service area is located?	
	B. Is the board comprised of members with a broad range of skills, expertise, and perspectives? Such areas include, but are not limited to: finance, legal affairs, business, health, managed care, social services, labor relations, and government. *Note: Any one board member (patient or non-patient) may be considered as having expertise in one or more of these areas. In addition, the board does not necessarily have to include specific expertise in all six of these areas and/or may include additional areas of expertise beyond these areas, as appropriate.*	
	C. Does the clinic have documentation to confirm that no more than 50 percent of the governing board derives more than 10 percent of their annual income from the health care industry?	
6.b.6 States will determine what processes will be used to verify that these governance criteria are being met.	A. [THE STATE SHOULD INCLUDE ITS SELECTED PROCESSES FOR VERIFICATION OF GOVERNANCE CRITERIA] Have the state criteria been met?	

Criteria 6.C: ACCREDITATION

Authority: Section 223 (a(2(F))) of PAMA

Documents to Review Onsite or in Advance: (1) Documents establishing that the clinic adhered to applicable state accreditation, certification, and/or licensing requirements and (2) documentation, if applicable, of accreditation by a national accreditation body

Requirements	Questions	Response
6.c.1 CCBHCs will adhere to any applicable state accreditation, certification, and/or licensing requirements.	A. Does the clinic adhere to applicable state accreditation, certification, and/or licensing requirements?	
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.	A. [IF THE STATE HAS REQUIRED ACCREDITATION, SPECIFY WITH WHAT ACCREDITING BODY] If the state requires accreditation, does the clinic have the required accreditation?	
	B. If the state does not require accreditation, is the clinic accredited by a nationally recognized organization and, if so, which one?	

APPENDIX A: Cross-Cutting Reference Documents And Websites

Cross-Cutting Reference Documents
Authorizing legislation for the CCBHC demonstration program: Protecting Access to Medicare Act § 223 http://www.gpo.gov/fdsys/pkg/PLAW-113publ93/pdf/PLAW-113publ93.pdf
Criteria for certification of CCBHCs and guidance for Prospective Payment System: Appendices II and III of SAMHSA RFA No. SM-16-001 http://www.samhsa.gov/grants/grant-announcements/sm-16-001
DHHS. Section 2402(a) of the Affordable Care Act – Guidance for Implementing Standards for Person-Centered Planning and Self-Direction in Home and Community-Based Services Programs http://www.acl.gov/Programs/CDAP/OIP/docs/2402-a-Guidance.pdf
DHHS. Office for Civil Rights. Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html
Selected Useful Websites
Center for Deployment Psychology. Military Culture Course Modules. http://deploymentpsych.org/military-culture-course-modules
CDC. Community Health Improvement Navigator http://www.cdc.gov/chinav/index.html
FEMA. Continuity of Operations http://www.fema.gov/media-library/assets/documents/72598
HRSA. Behavioral Health Integration Resources and Trainings http://www.hrsa.gov/grants/apply/assistance/bhi/resourcesandtraining.pdf
HRSA. Cultural Competency and Diversity 101 http://www.publichealthtrainingcenters.org/Course-CulturalCompetency.cfm
HRSA. Data Warehouse – Shortage Areas http://datawarehouse.hrsa.gov/topics/shortageAreas.aspx and http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx
Office of Minority Health. Cultural and Linguistic Competency http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=1&lvlid=6
ONC. Certified Health IT Product List http://oncchpl.force.com/ehrcert?q=chpl
ONC. Health IT Certification Program http://www.healthit.gov/policy-researchers-implementers/onc-health-it-certification-program
SAMHSA. Concept of Trauma and Guidance for a Trauma-Informed Approach http://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884
SAMHSA. Glossary of Recovery Terms http://media.samhsa.gov/recoverytopractice/glossaryofterms.aspx

APPENDIX A: Cross-Cutting Reference Documents And Websites (continued)

SAMHSA. Needs Assessment and Cultural Competence Questions https://captus.samhsa.gov/access-resources/needs-assessment-and-cultural-competence-questions-ask
SAMHSA. TIP 59: Improving Cultural Competence http://archive.samhsa.gov/dtac/default.asp
SAMHSA. Working Definition of Recovery http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF