

Community Behavioral Health Clinics (CCBHCs)

Areas of State Discretion in the CCBHC Criteria

Staffing

Criterion 1.a.1	Certifying states may specify additional community needs assessment requirements.
Criterion 1.a.3	If physicians are unavailable as medical directors, states may approve the CCBHC's approach to fill these positions, to ensure compliance with state laws on the prescription and management of medications.
Criterion 1.b.2	Certifying states should specify which staff disciplines they will require as part of certification.
Criterion 1.c.1	Additional staff training may be required by states to ensure compliance with standards.

Availability and Access

Criterion 2.a.7	State standards may address provision of voluntary and court-ordered services.
Criterion 2.b.1	State standards for evaluation content and time-frames may be more stringent.
Criterion 2.e.2	The geographic boundaries of the service area (catchment area in 2.e.2) States may have protocols to address consumers seeking services from outside the service (catchment) area, including: <ul style="list-style-type: none">• Using the needs assessment to determine the service area, and• Coordinating protocols across CCBHCs.

Care Coordination

Criterion 3.c.2	Certifying states are encouraged to find ways to incentivize inpatient treatment facilities to partner with CCBHCs to establish protocols and procedures for transitioning individuals, including real time notification of discharge and record transfers that support the seamless delivery of care, maintain recovery, and reduce the risk of relapse and injury during transitions.
Criterion 3.c.3	Certifying states may require CCBHCs to establish additional partnerships.

Scope of Services – Note: States may need CMS approval to amend state plans in some of these areas.

Criterion 4.a.1	States have the ability to place further restrictions on Demonstration Clinics and what services must be provided directly by the CCBHC instead of through DCOs. This includes, identifying categories of services that must be provided directly by the CCBHC, identifying subcategories of services that must be provided directly by the CCBHC (e.g., outpatient services for children and youth, or increases to the threshold for services directly provided by the CCBHC (above 51%, excluding crisis services).
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Criterion 4.c.1	Certifying states must request approval from HHS to certify CCBHCs in their states that have or seek to have a DCO relationship with a state-sanctioned crisis system with less stringent standards than those included in these criteria.
Criterion 4.d.4	States may decide what level of licensed Behavioral Health professional will conduct consumer evaluations.
Criterion 4.d.5-6	Screening and assessment conducted by the CCBHC related to behavioral health include those for which the CCBHC will be accountable pursuant to program requirement 4, program requirement 5, and Appendix B of these criteria. The CCBHC should not take non-inclusion of a specific metric in Appendix B as a reason not to provide clinically indicated behavioral health screening or assessment. The state may elect to require specific other screening and monitoring to be provided by the CCBHCs beyond those listed in criterion 4.d.4 or Appendix B.
Criterion 4.e.1-7	Consistent with the criteria in 4.e.1 through 4.e.7, certifying states should specify other aspects of person-centered and family-centered treatment planning they will require based upon the needs of the population served. Treatment planning components that certifying states might consider include: prevention; community inclusion and support (housing, employment, social supports); involvement of family/caregiver and other supports; recovery 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, tailored treatment to ensure cultural and linguistically appropriate services).
Criterion 4.f.1	Based upon the findings of the community needs assessment as required in program requirement 1, certifying 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 Therapy (CBT); Dialectical Behavior Therapy (DBT); Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP); Seeking Safety; Assertive Community Treatment (ACT); Forensic Assertive Community Treatment (FACT); Long-acting injectable medications to treat both mental and substance use disorders; Multi-Systemic Therapy; Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); Cognitive Behavioral Therapy for psychosis (CBTp); High-Fidelity Wraparound; Parent Management Training; Effective but underutilized medications such as clozapine and FDA-approved medications for substance use disorders including smoking cessation. This list is not intended to be all-inclusive. Certifying states are free to determine whether these or other evidence-based treatments may be appropriate as a condition of certification. Please note: Statutorily, the CCBHC PPS cannot include any payment “for inpatient care, residential treatment, room and board expenses, or any other non-ambulatory services, as determined by the Secretary.”
Criterion 4.g.3	Certifying states may elect to require specific other screening and monitoring to be provided by the CCBHCs in addition to the those described in 4.G.
Criterion 4.h.1 Definitions	Based upon the needs of the population served, states should specify the scope of other CCBHC targeted case management services that will be required, and the specific populations for which they are intended.

Criterion 4.i.1	Certifying states should specify which evidence-based and other psychiatric rehabilitation services they will require based upon the needs of the population served above the minimum requirements described in 4.I.
Criterion 4.j.1	Certifying states should specify the scope of peer and family services they will require based upon the needs of the population served.

Quality and Other Reporting

Criterion 5.a.2	<p>States participating in the Section 223 Demonstration must report State-Collected quality measures identified as required in Appendix B. The State-Collected measures are to be reported for all Medicaid enrollees in the CCBHCs, as further defined in the technical specifications. Certifying states also may require certified CCBHCs to collect and report any of the optional Clinic-Collected measures identified in Appendix B. Section 223 Demonstration program states must advise SAMHSA and its CCBHCs which, if any, of the listed optional measures it will require (either State-Collected or Clinic-Collected). Whether the measures are State- or Clinic-Collected, all must be reported to SAMHSA annually via a single submission from the state twelve (12) months after the end of the measurement year, as that term is defined in the technical specifications.</p> <p>States participating in the Section 223 Demonstration program are expected to share the results from the State-Collected measures with their Section 223 Demonstration program CCBHCs in a timely fashion. For this reason, Section 223 Demonstration program states may elect to calculate their State-Collected measures more frequently to share with their Section 223 Demonstration program CCBHCs, to facilitate quality improvement at the clinic level.</p> <p>Quality measures to be reported for the Section 223 Demonstration program may relate to services individuals receive through DCOs. It is the responsibility of the CCBHC to arrange for access to such data as legally permissible upon creation of the relationship with DCOs. CCBHCs should ensure that consent is obtained and documented as appropriate, and that releases of information are obtained for each affected person. CCBHCs that are not part of the Section 223 Demonstration are not required to include data from DCOs into the quality measure data that they report.</p> <p>Note: CCBHCs may be required to report on quality measures through DCOs as a result of participating in a state CCBHC program separate from the Section 223 Demonstration, such as a program to support the CCBHC model through the state Medicaid plan.</p>
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<p>Criterion 5.a.3</p>	<p>In addition to the State- and Clinic-Collected quality measures described above, Section 223 Demonstration program states may be requested to provide CCBHC identifiable Medicaid claims or encounter data to the evaluators of the Section 223 Demonstration program annually for evaluation purposes. These data also must be submitted to CMS through T-MSIS in order to support the state’s claim for enhanced federal matching funds made available through the Section 223 Demonstration program. At a minimum, Medicaid claims and encounter data provided by the state to the national evaluation team, and to CMS through T-MSIS, should include a unique identifier for each person receiving services, unique clinic identifier, date of service, CCBHC-covered service provided, units of service provided and diagnosis. Clinic site identifiers are very strongly preferred.</p> <p>In addition to data specified in this program requirement and in Appendix B that the Section 223 Demonstration state is to provide, the state will provide other data as may be required for the evaluation to HHS and the national evaluation contractor annually.</p> <p>To the extent CCBHCs participating in the Section 223 Demonstration program are responsible for the provision of data, the data will be provided to the state and, as may be required, to HHS and the evaluator. CCBHC states are required to submit cost reports to CMS annually including years where the state’s rates are trended only and not rebased. CCBHCs participating in the Section 223 Demonstration program will participate in discussions with the national evaluation team and participate in other evaluation-related data collection activities as requested.</p>
<p>Criterion 5.a.4</p>	<p>CCBHCs participating in the Section 223 Demonstration program annually submit a cost report with supporting data within six months after the end of each Section 223 Demonstration year to the state. The Section 223 Demonstration state will review the submission for completeness and submit the report and any additional clarifying information within nine months after the end of each Section 223 Demonstration year to CMS.</p> <p>Note: In order for a clinic participating in the Section 223 Demonstration Program to receive payment using the CCBHC PPS, it must be certified by a Section 223 Demonstration state as a CCBHC.</p>

Organizational Authority, Governance, and Accreditation

<p>Criteria 6.b.1, 6.b.2, 6.b.3, and 6.b.4</p>	<p>States must approve any alternate approach (Option 2 under 6.b.1) that a CCBHC proposes to use, to ensure meaningful participation by consumers, persons in recovery, and family members.</p> <p>For certifying states, if option 2 is chosen then states will determine if this approach is acceptable, and, if not, require additional mechanisms that are acceptable. The CCBHC must make available the results of its efforts in terms of outcomes and resulting changes.</p>
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Criterion 6.c.2	State-certified clinics are designated as CCBHCs for a period of time determined by the state but not longer than three years before recertification. States may decertify CCBHCs if they fail to meet the criteria, if there are changes in the state CCBHC program, or for other reasons identified by the state. Certifying states may use an independent accrediting body as a part of their certification process as long as it meets state standards for the certification process and assures adherence to the CCBHC Certification Criteria.
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