

Certification Checklist

Instructions: Review the application and application narrative to determine how ready each clinic is to implement CCBHC service model. Required criteria is in black.

PROGRAM REQUIREMENT 1: STAFFING

Criteria 1.A. General Staffing Requirements

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	1.a.1	The state approved a staffing plan for each CCBHC that reflects the findings of the needs assessment.		
<input type="checkbox"/>	1.a.1	The state based its requirements for services at each CCBHC, including care coordination, on the needs assessment findings.		
<input type="checkbox"/>	1.a.1	Does the CCBHC provide all 9 services in the service area?		
<input type="checkbox"/>	1.a.2	CCBHC staff (both clinical and non-clinical) is appropriate in size and composition for the population to be served by each of the CCBHCs. <i>Agency has plan in place to replace any lost staff required CCBHC team members throughout the course of this project.</i>		
<input type="checkbox"/>	1.a.2	If veterans are served by the CCBHC, staffing satisfies the requirements of criteria 4.K.		
<input type="checkbox"/>	1.a.3	CCBHC management staffing is adequate for the needs of CCBHCs as determined by the needs assessment and staffing plan.		
<input type="checkbox"/>	1.a.3	CCBHCs have a management team structure with key personnel identified by name, including a CEO or Executive Director/Project Director and a Medical Director (may be the same person and Medical Director need not be full time).		

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	1.a.3	CCBHCs that are unable to employ or contract with a psychiatrist are located in Health Resources and Services Administration (HRSA) behavioral health professional shortage areas and have documented reasonable and consistent efforts to obtain a psychiatrist as Medical Director.		
<input type="checkbox"/>	1.a.3	For those CCBHCs without a psychiatrist as Medical Director, provisions are made for psychiatric consultation and a medically trained behavioral health provider with appropriate education and licensure to independently prescribe is the Medical Director.		
<input type="checkbox"/>	1.a.4	CCBHCs maintain adequate liability/malpractice insurance		

Criteria 1.B. Licensure and Credentialing of Providers

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	1.b.1	CCBHC practitioners providing demonstration services will furnish these services within their scope of practice in accordance with all applicable federal, state, and local laws and regulations.		
<input type="checkbox"/>	1.b.2	CCBHC staffing plans meet requirements of the state behavioral health authority and any accreditation or other standards required by the state and identify specific staff disciplines that are required.		
<input type="checkbox"/>	1.b.2	CCBHCs staffing plans require a medically trained behavioral health care provider, either employed or available through formal arrangement, who can prescribe and manage medications independently		

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		under state law, including buprenorphine, naltrexone and other medications used to treat opioid and alcohol use disorders.		
<input type="checkbox"/>	1.b.2	CCBHCs staffing plans require credentialed substance abuse specialists. LADCs		
<input type="checkbox"/>	1.b.2	CCBHCs Staffing plans require individuals with expertise in addressing trauma and promoting the recovery of children and adolescents with serious emotional disturbance (SED) and adults with serious mental illness (SMI).		
<input type="checkbox"/>	1.b.2	CCBHCs staffing plans require other disciplines that can address needs identified by the needs assessment.		
<input type="checkbox"/>	1.b.2	CCBHCs have taken steps to alleviate workforce shortages where they exist.		

Criteria 1.C. Cultural Competence and Other Training

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	1.c.1	CCBHC training plans realistically address the need for culturally competent services given the needs identified in the needs assessment.		
<input type="checkbox"/>	1.c.1	CCBHC training plans require the following training at orientation and annually thereafter: (1) risk assessment, suicide prevention and suicide response; and (2) the roles of families and peers.		
<input type="checkbox"/>	1.c.1	CCBHC training plans require the following training at orientation and thereafter as needed: (1) cultural competence; (2) person-centered and family-centered,		

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
		recovery-oriented, evidence-based and trauma-informed care; (3) integration of primary care and behavioral health care; and (4) a continuity plan.		
<input type="checkbox"/>	1.c.1	CCBHCs have policies or procedures in place to implement this training, ensure the competence of trainers and trainees, and keep track of and/or report on training of employees.		
<input type="checkbox"/>	1.c.1	If active duty military and/or veterans are served, CCBHC cultural competency training includes information related to military culture.		
<input type="checkbox"/>	1.c.2	CCBHCs have written policies and procedures that describe the methods used for assessing skills and competencies of providers.		
<input type="checkbox"/>	1.c.3-4	CCBHC in-service training and education programs are provided.		
<input type="checkbox"/>	1.c.3-4	CCBHCs maintain a list of in-service training and educational programs provided during the previous 12 months.		
<input type="checkbox"/>	1.c.3-4	CCBHCs maintain documentation of completion of training and demonstration of competencies within staff personnel records.		
<input type="checkbox"/>	1.c.3-4	Individuals providing training to CCBHC staff have the qualifications to do so as evidenced by their education, training, and experience.		

Criteria 1. D. Linguistic Competence

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	1.d.1 – 1.d.4	If the CCBHCs serve consumers with Limited English Proficiency (LEP) or with language based disabilities; the CCBHCs take reasonable steps to provide meaningful access to their services for such consumers.		
<input type="checkbox"/>	1.d.1-4	If the CCBHCs serve consumers with Limited English Proficiency (LEP) or with language based disabilities; the CCBHCs take reasonable steps to provide meaningful access to their services for such consumers.		
<input type="checkbox"/>	1.d.1-4	CCBHCs interpretation and translation service(s) (e.g., bilingual providers, onsite interpreter, and language telephone line) are appropriate and timely for the size and needs of the LEP CCBHC consumer population identified in the needs assessment.		
<input type="checkbox"/>	1.d.1-4	CCBHC interpreters are trained to function in a medical setting.		
<input type="checkbox"/>	1.d.1-4	CCBHC auxiliary aids and services are readily available and responsive to the needs of consumers with disabilities (e.g., sign language interpreters, teletype [TTY] lines).		
<input type="checkbox"/>	1.d.1-4	On the basis of the findings of the CCBHCs needs assessment, documents or messages vital to a consumer's ability to access CCBHC services (e.g., registration forms, sliding-scale fee discount schedule, after-hours coverage, and signage) are available for consumers in languages common in the community served. The documents take into account the literacy levels of the community as well as the need for alternative formats (e.g., for consumers with disabilities), and they are provided in a timely manner.		

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
		CCBHCs Consumers are made aware of resources designed to provide meaningful and "person and family-centered" access.		
<input type="checkbox"/>	1.d.5	CCBHC policies have explicit provisions for ensuring that all employees, affiliated providers, and interpreters understand and adhere to confidentiality and privacy requirements applicable to the service provider, including but not limited to the requirements of the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2 (Confidentiality of Alcohol and Drug Abuse Patient Records), patient privacy requirements specific to care for minors, and other state and federal laws		
<input type="checkbox"/>	1.d.5	CCBHC consumer consent documentation is regularly offered, explained, and updated.		
<input type="checkbox"/>	1.d.5	CCBHCs satisfy the requirements of privacy and confidentiality while encouraging communication between consumers, providers and family of the consumer.		

PROGRAM REQUIREMENT 2: AVAILABILITY AND ACCESSIBILITY OF SERVICES

Criteria 2.A. General Requirements of Access and Availability

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	2.a.1	CCBHCs take measures to ensure provision of a safe, functional, clean, and welcoming environment for consumers and staff.		
<input type="checkbox"/>	2.a.1	CCBHCs comply with all relevant federal, state, and local laws and regulations regarding client and staff safety, cleanliness, and accessibility.		
<input type="checkbox"/>	2.a.2	CCBHC outpatient clinic hours include some night and weekend hours and meet the needs of the population served.		
<input type="checkbox"/>	2.a.3	CCBHC locations are accessible to the consumer population being served.		
<input type="checkbox"/>	2.a.4	CCBHCs provide transportation or transportation vouchers for consumers as resources allow.		
<input type="checkbox"/>	2.a.5	CCBHCs plan to use mobile in-home, telehealth/telemedicine, and/or online treatment services, where appropriate, and have either sufficient experience or preparation to do so effectively.		
<input type="checkbox"/>	2.a.6	CCBHCs engage in outreach and engagement activities to assist consumers and families to access benefits and services.		
<input type="checkbox"/>	2.a.7	CCBHC services are aligned with state or county/municipal court standards for the provision of court-ordered services.		
<input type="checkbox"/>	2.a.8	CCBHCs have adequate continuity of operations/disaster plans in place.		

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	2.a.8	CCBHCs provide available and accessible services that will accommodate the needs of the population to be served as identified in the needs assessment.		

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

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	2.b.1	For new CCBHC consumers with an initial screening identifying an urgent need, the CCBHC complies with either: (1) the criteria requirement that clinical services and initial evaluation are to be provided/completed within 1 business day of the time the request is made		
<input type="checkbox"/>	2.b.1	For new CCBHC consumers with an initial screening identifying routine needs, the CCBHC complies with the criteria requirement that clinical services and initial evaluation are to be provided/completed within 10 business days.		
<input type="checkbox"/>	2.b.1	For new consumers, the state uses the criteria requirement that a comprehensive person-centered and family-centered diagnostic and treatment planning evaluation be completed within 60 calendar days of the first request for services.		
<input type="checkbox"/>	2.b.1	CCBHCs have in place policies and/or procedures for new consumers that include administration of a preliminary screening and risk assessment to determine and act upon the acuity of individuals and their needs in accordance with state standards.		
<input type="checkbox"/>	2.b.1	CCBHCs have in place policies and/or procedures for conducting: (1) an initial evaluation, and (2) a comprehensive person-centered and family-centered		

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
		diagnostic and treatment planning evaluation in accordance with state standards.		
<input type="checkbox"/>	2.b.1	CCBHCs have in place policies and/or procedures to ensure immediate, appropriate action, including any necessary subsequent outpatient follow-up if the screening or other evaluation identifies an emergency or crisis need.		
<input type="checkbox"/>	2.b.1	CCBHCs have in place policies and/or procedures for initial evaluations that are conducted telephonically that require the initial evaluation to be reviewed and the consumer to be seen in person at the next encounter, once the emergency is resolved.		
<input type="checkbox"/>	2.b.2	CCBHC treatment teams update the comprehensive person-centered and family-centered diagnostic and treatment planning evaluation, in agreement with and endorsed by the consumer and in consultation with the primary care provider (if any), when changes in the consumer's status, responses to treatment, or goal achievement have occurred.		
<input type="checkbox"/>	2.b.2	Assessment must be updated no less frequently than every 90 calendar days.		
<input type="checkbox"/>	2.b.3	CCBHCs comply with the state standard for established CCBHC consumers seeking an appointment for routine needs The state standard uses the criteria requirement that outpatient clinical services for established CCBHC consumers seeking an appointment for routine needs are provided within 10 business days of the requested date for service and, for those presenting with an urgent need, within 1 business day of the request.		
<input type="checkbox"/>	2.b.3	CCBHCs have in place policies and/or procedures for established CCBHC consumers who present with an emergency/crisis need, that include options for appropriate and immediate action.		

Criteria 2.C. Access to Crisis Management Services6

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	2.c.1	CCBHCs provide crisis management services that are available and accessible 24 hours a day and required to be delivered within 3 hours.		
<input type="checkbox"/>	2.c.2	CCBHCs have policies or procedures in place requiring communication to the public of the availability of these services, as well as to consumers at intake, and that the latter is provided in a way that ensures what is meaningful to consumer and/or family access.		
<input type="checkbox"/>	2.c.3-5	CCBHCs have policies or procedures in place addressing: (1) coordination of services when consumers present to local emergency departments (EDs); (2) involvement of law enforcement when consumers are in psychiatric crisis; and (3) reducing delays in initiating services during and after a consumer has experienced a psychiatric crisis.		
<input type="checkbox"/>	2.c.6	CCBHCs are required to work with consumers at intake and after a psychiatric emergency or crisis to create, maintain and follow a crisis plan.		

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

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	2.d.1	CCBHCs has a policy that services cannot be refused because of inability to pay.		
<input type="checkbox"/>	2.d.2-4	CCBHCs have policies or procedures that ensure (1) provision of services regardless of ability to pay; (2) waiver or reduction of fees for those unable to pay; (3) equitable use of a sliding fee discount schedule that conforms to the requirements in the criteria; and (4)		

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
		provision of information to consumers related to the sliding fee discount schedule, available on the website, posted in the waiting room, and provided in a format that ensures meaningful access for the consumer and/or family and to the information.		

Criteria 2.E. Provision of Services Regardless of Residence

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	2.e.1	CCBHCs have a policy that services cannot be refused due to residence.		
<input type="checkbox"/>	2.e.1	CCBHCs have in place policies or protocols addressing services for those living out of state.		
<input type="checkbox"/>	2.e.2	CCBHCs have policies or procedures ensuring: (1) services will not be denied to those who do not live in the catchment area (if there is one), including provision of crisis services, provision of other services, and coordination and follow-up with providers in the individual's catchment area; and (2) services will be available for consumers living in the CCBHC catchment area but who are distant from the CCBHC.		

PROGRAM REQUIREMENT 3: CARE COORDINATION

Criteria 3.A. General Requirements of Care Coordination

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	3.a.1	CCBHCs coordinate care across the spectrum of health services, including access to high-quality physical health (both acute and chronic) and behavioral health care, as well as social services, housing, educational systems, and employment opportunities as necessary to facilitate wellness and recovery (specific to consumer and/or family needs)and of the whole person.		
<input type="checkbox"/>	3.a.2	CCBHCs have procedures in place that comply with HIPAA, 42 CFR Part 2, requirements specific to minors, and other privacy and confidentiality requirements of state or federal law addressing care coordination and in interactions with the DCOs.		
	3.a.3-4	CCBHCs have policies and/or procedures in place to encourage participation by family members and others important to the consumer in care coordination, subject to privacy and confidentiality requirements and subject to consumer consent.		
<input type="checkbox"/>	3.a.3	CCBHC have policies and procedures in to assist consumers and families of children and adolescents in obtaining appointments and keeping the appointment when there is a referral to an outside provider, subject to privacy and confidentiality requirements and consistent with consumer preference and need.		
<input type="checkbox"/>	3.a.5	CCBHCs have procedures for medication reconciliation with other providers.		

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

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	3.b.1	CCBHCs have health information technology (HIT) systems in place that (1) include EHRs; (2) can capture demographic information, diagnoses, and medication lists; (3) provide clinical decision support; and (4) can electronically transmit prescriptions to the pharmacy.		
<input type="checkbox"/>	3.b.2	CCBHC HIT systems allow reporting on data and quality measures required by the criteria.		
<input type="checkbox"/>	3.b.2	CCBHCs have plans in place to use the HIT system to conduct activities such as population health management, quality improvement, disparity reduction, outreach and research.		
<input type="checkbox"/>	3.b.3	If a CCBHC HIT system is being newly established, it is certified to accomplish the activities above; to send and receive the full common data set for all summary of care records; to support capabilities including transitions of care, privacy, and security; and to meet the Patient List Creation criterion (45 CFR §170.314(a)(14)) established by the Office of the National Coordinator (ONC) for ONC's Health IT Certification Program.		
<input type="checkbox"/>	3.b.4-5	CCBHCs recognize the requirement to have a plan in place by the end of the 2-year demonstration program, focusing on ways to improve care coordination between the CCBHCs and DCOs using HIT. The plan should include how the CCBHC can support electronic health information exchange to improve care transitions to and from the CCBHC using the HIT system they have or are developing related to transitions of care.		

Criteria 3.C. Care Coordination Agreements

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	3.c.1	CCBHCs are expected to work towards formal agreements (contract, Memorandum of Agreement (MOA), or Memorandum of Understanding (MOU)) during the time of the demonstration project but should at least have some informal agreement (letter of support, letter of agreement, or letter of commitment) with each entity at certification. The agreement must describe the parties' mutual expectations and responsibilities related to care coordination.		
<input type="checkbox"/>	3.c.1	CCBHCs have an agreement in place with Federally Qualified Health Centers (FQHCs) and, where relevant, Rural Health Clinics (RHCs), unless health care services are provided by the CCBHC.		
<input type="checkbox"/>	3.c.1	CCBHCs have protocols for care coordination with other primary care providers when they are the provider of health care for consumers.		
<input type="checkbox"/>	3.c.2	CCBHCs have an agreement in place with Inpatient psychiatric treatment, with ambulatory and medical detoxification, post-detoxification step-down services, and residential programs.		
<input type="checkbox"/>	3.c.2	CCBHCs have provisions for tracking consumers admitted to and discharged from these facilities (unless there is a formal transfer of care).		

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	3.c.3	CCBHCs have protocols for transitioning consumers from EDs and these other settings to a safe community setting, including transfer of medical records, prescriptions, active follow-up, and, where appropriate, a plan for suicide prevention and safety, and for provision of peer services.		
<input type="checkbox"/>	3.c.3	CCBHCs have an agreement in place with Community or regional services, supports, and providers. These include the following specified in the statute: schools; child welfare agencies; juvenile and criminal justice agencies and facilities including drug, mental health, veterans and other specialty courts; Indian Health Service (IHS) youth regional treatment centers; state licensed and nationally accredited child placing agencies for therapeutic foster care service; and other social and human services. Also noted in the criteria as potentially relevant are the following: specialty providers of medications for treatment of opioid and alcohol dependence; suicide/crisis hotlines and warm lines; other IHS or tribal programs; homeless shelters; housing agencies; employment services systems; services for older adults, such as Aging and Disability Resource Centers; and other social and human services (e.g., domestic violence centers, pastoral services, grief counseling, Affordable Care Act navigators, food and transportation programs).		

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<input type="checkbox"/>	3.c.4	CCBHCs have an agreement in place with the nearest Department of Veterans Affairs' medical center, independent clinic, drop-in center, or other facility of the Department		
<input type="checkbox"/>	3.c.4	CCBHCs explored agreements with each of the facilities of different types are nearby.		
<input type="checkbox"/>	3.c.5	CCBHCs have an agreement in place with Inpatient acute-care hospitals, including emergency departments, hospital outpatient clinics, urgent care centers, residential crisis settings, medical detoxification inpatient facilities and ambulatory detoxification providers.		
<input type="checkbox"/>	3.c.5	CCBHCs have provisions for tracking consumers admitted to and discharged from these facilities (unless there is a formal transfer of care from a CCBHC).		
<input type="checkbox"/>	3.c.5	CCBHCs have procedures and services for transitioning consumers from EDs and these other settings to CCBHC care, for shortened lag time between assessment and treatment, and for transfer of medical records, prescriptions, active follow-up.		
<input type="checkbox"/>	3.c.5	CCBHCs have care coordination agreements that require coordination of consent and follow-up within 24 hours, continuing until the consumer is linked to services or is assessed as being no longer		

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
		at risk, for consumers presenting to the facility at risk for suicide.		
<input type="checkbox"/>	3.c.5	CCBHCs make and document reasonable attempts to contact all consumers discharged from these settings within 24 hours of discharge.		

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

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	3.d.1	CCBHC treatment planning includes the consumer, the family of child consumers; "Family" means a child and one or more of the following persons whose participation is necessary to accomplish the child's treatment goals: (1) a person related to the child by blood, marriage, or adoption; (2) a person who is the child's foster parent or significant other; (3) a person who is the child's legal representative (Minn. Stat. §245.4871, subd. 16)., and, if the consumer chooses, the adult consumer's family or others designated by the consumer.		
<input type="checkbox"/>	3.d.1	CCBHC treatment planning and care coordination are person-centered and family-centered.		
<input type="checkbox"/>	3.d.1	CCBHC treatment planning and care coordination comply with HIPAA and other privacy and confidentiality requirements.		

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	3.d.1	CCBHCs coordinate care provided by DCOs.		
<input type="checkbox"/>	3.d.2	CCBHCs designate interdisciplinary treatment teams composed of individuals who work together to coordinate the medical, psychosocial, emotional, therapeutic, and recovery support needs of CCBHC consumers that may include traditional approaches to care for consumers who may be American Indian or Alaska Native as appropriate for the individual's needs.		
<input type="checkbox"/>	3.d.2	CCBHCs provide recovery support needs of CCBHC consumers, including, as appropriate, traditional approaches to care for consumers who may be American Indian or Alaska Native.		

PROGRAM REQUIREMENT 4: SCOPE OF SERVICES

Criteria 4.A. General Service Provisions

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	4.a.1	CCBHCs directly provide, at a minimum, the four required services.		
<input type="checkbox"/>	4.a.1	CCBHC formal agreements with DCOs in the state make clear that the CCBHC retains ultimate clinical responsibility for CCBHC services provided by DCOs.		
<input type="checkbox"/>	4.a.1	All required CCBHC services, if not available directly through the CCBHC, are provided through a DCO.		
<input type="checkbox"/>	4.a.2	CCBHC consumers have freedom to choose providers within the CCBHC and its DCOs.		
<input type="checkbox"/>	4.a.3	CCBHC consumers have access to CCBHC grievance procedures, including for CCBHC services provided by a DCO.		
<input type="checkbox"/>	4.a.3	With regard to CCBHC or DCO services, the grievance process satisfies the minimum requirements of Medicaid and other grievance requirements such as those that may be mandated by relevant accrediting entities.		
<input type="checkbox"/>	4.a.4	CCBHC services provided by DCOs meet the same quality standards as those required of the CCBHC.		

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

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	4.b.1	CCBHCs and its DCOs provide are person-centered and family-centered and recovery oriented, being respectful of the individual consumer's needs, preferences, and values, and ensuring both consumer involvement and self-direction of services received. <i>Person-centered practices. Professionals involved in a person's life must share power with the individual and recognize everyone as whole people with unique strengths, assets, interests, expectations, cultures and goals.</i>		
<input type="checkbox"/>	4.b.1	The services that CCBHCs and its DCOs provide for children and adolescents are family-centered, youth-guided, and developmentally appropriate.		
<input type="checkbox"/>	4.b.2	CCBHC services are culturally appropriate, as indicated in the needs assessment.		

Criteria 4.C. Crisis Behavioral Health Services

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	4.c.1	The following services are explicitly included among CCBHC services that are provided directly or through an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services: (1) 24 hour mobile		

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		crisis teams, (2) emergency crisis intervention services, (3) crisis stabilization services, (4) suicide crisis response, and (5) services for substance abuse crisis and intoxication, including ambulatory and medical detoxification services.		

Criteria 4.D. Behavioral Health Screening, Assessment, and Diagnosis

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	4.d.1-2	CCBHCs directly provide behavioral health screening, assessment, and diagnosis, including risk assessment, in the state.		
<input type="checkbox"/>	4.d.1-2	The state requires that all of the following (derived from the Appendix A quality measures) occurs: (1) tobacco use: screening and cessation intervention; (2) unhealthy alcohol use: screening and brief counseling; (3) child and adolescent major depressive disorder suicide risk assessment; (4) adult major depressive disorder suicide risk assessment; and (5) screening for clinical depression and follow-up plan.		
<input type="checkbox"/>	4.d.3	CCBHC's initial evaluation of consumers includes the following: (1) preliminary diagnoses; (2) source of referral; (3) reason for seeking care, as stated by the consumer or other individuals who are		

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		significantly involved; (4) identification of the consumer’s immediate clinical care needs related to the diagnoses for mental and substance use disorders; (5) a list of current prescriptions and over-the-counter medications, as well as other substances the consumer may be taking; (6) an assessment of whether the consumer is a risk to self or to others, including suicide risk factors; (7) an assessment of whether the consumer has other concerns for their safety; (8) assessment of need for medical care (with referral and follow-up as required); (9) a determination of whether the person presently is or ever has been a member of the U.S. Armed Services; and (10) such other assessment as the state may require as part of the initial evaluation.		
<input type="checkbox"/>	4.d.3	CCBHCs regularly obtain release of information consent forms as feasible as part of the initial evaluation.		
<input type="checkbox"/>	4.d.4	Licensed behavioral health professionals, performing within the state’s scope of practice and working in conjunction with the consumer as members of the treatment team, complete a comprehensive person-centered and family-centered diagnostic and treatment planning evaluation within 60 days of the first request for services by new CCBHC consumers.		

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	4.d.4	CCBHCs meet applicable state, federal or applicable accreditation standards for comprehensive diagnostic and treatment planning evaluations		
<input type="checkbox"/>	4.d.4	CCBHCs conduct screening, assessment and diagnostic services in a timely manner as defined by the state and in a time period responsive to consumers' needs.		
<input type="checkbox"/>	4.d.5	Required information for Comprehensive Diagnostic and Treatment Planning Evaluation: (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		

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		<p>ability to understand and participate in their own care); (6) a drug profile including the consumer’s prescriptions, over-the-counter medications, herbal remedies, and other treatments or substances that could affect drug therapy, as well as information on drug allergies; (7) a description of attitudes and behaviors, including cultural and environmental factors, that may affect the consumer’s treatment plan; (8) the consumer’s strengths, goals, and other factors to be considered in recovery planning; (9) pregnancy and parenting status; (10) assessment of need for other services required by the statute (i.e., peer and family/caregiver support services, targeted case management, psychiatric rehabilitation services, LEP or linguistic services); (11) assessment of the social service needs of the consumer, with necessary referrals made to social services and, for pediatric consumers, to child welfare agencies as appropriate; and (12) depending on whether the CCBHC directly provides primary care screening and monitoring of key health indicators and health risk pursuant to criteria 4.G, either: (a) an assessment of need for a physical exam or further evaluation by appropriate health care professionals, including the consumer’s primary care provider (with appropriate referral and follow-up), or (b) a basic physical assessment as required by criteria 4.G. All remaining necessary releases of information are obtained by this point.</p>		

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	4.d.6	CCBHC screening, assessment and diagnostic services are sufficient to assess the need for all services provided by the CCBHCs and their DCOs.		
<input type="checkbox"/>	4.d.7	CCBHCs use standardized and validated screening and assessment tools, and, where appropriate motivational interviewing techniques.		
<input type="checkbox"/>	4.d.8	CCBHCs use culturally and linguistically appropriate screening tools, specific to the populations served or expected to serve and/or modified when populations change		
	4.d.8	CCBHCs use tools/approaches that accommodate disabilities (e.g., hearing disability, cognitive limitations), when appropriate.		
<input type="checkbox"/>	4.d.9	CCBHCs conduct a brief intervention and provide or refer the consumer for full assessment and treatment if screening identifies unsafe substance use including problematic alcohol or other substance use.		

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

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	4.e.1	CCBHCs directly provide person-centered and family-centered treatment planning in the state.		

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	4.e.2	CCBHCs provide for collaboration with and endorsement by (1) consumers, (2) family members or caregivers of child and adolescent consumers, and (3) to the extent adult consumers wish, adult consumers' families.		
<input type="checkbox"/>	4.e.2-7	CCBHCs use Individualized treatment planning that includes shared decision-making; addresses all required services; is coordinated with the staff or programs needed to carry out the plan; includes provision for monitoring progress toward goals; is informed by consumer assessments; and considers consumers' needs, strengths, abilities, preferences, and goals, expressed in a manner capturing consumers' words or ideas and, when appropriate, those of consumers' families/caregivers.		
<input type="checkbox"/>	4.e.2-7	CCBHCs seek consultation for special emphasis problems and the results of such consultation are included in the treatment plan <i>and will be updated as consumer's needs change.</i>		
<input type="checkbox"/>	4.e.2-7	CCBHCs document consumers' advance wishes related to treatment and crisis management or consumers' decisions not to discuss those preferences.		

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

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	4.f.1	CCBHCs directly provide outpatient mental health and substance use disorder services.		
<input type="checkbox"/>	4.f.1-2	CCBHCs provide state identified evidence-based or best practices outpatient mental health and substance use disorder services.		
<input type="checkbox"/>	4.f.1-2	CCBHCs make available specialized services for purposes of outpatient mental and substance use disorder treatment, through referral or formal arrangement with other providers or, where necessary and appropriate, through use of telehealth/telemedicine services.		
<input type="checkbox"/>	4.f.3-4	CCBHCs provide evidenced-based services that are developmentally appropriate, youth guided, and family or caregiver driven for children and adolescents.		
<input type="checkbox"/>	4.f.3-4	CCBHCs consider the individual consumer's phase of life, desires and functioning and appropriate evidenced-based treatments.		
<input type="checkbox"/>	4.f.3-4	CCBHCs consider the level of functioning and appropriate evidenced-based treatments when treating individuals with developmental or other cognitive disabilities.		

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	4.f.3-4	CCBHCs deliver treatment by staff with specific training in treating the segment of the population being served.		
<input type="checkbox"/>	4.f.3-4	CCBHCs use approaches when addressing the needs of children that comprehensively address family/caregiver, school, medical, mental health, substance abuse, psychosocial, and environmental issues.		

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

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	4.g.1	CCBHCs are responsible for outpatient clinic primary care screening and monitoring of key health indicators and health risk and that care is coordinated. If primary care screening and monitoring are offered by a DCO(s), the CCBHCs have a formal agreement with the DCO(s).		
<input type="checkbox"/>	4.g.1	CCBHCs are collecting and reporting the following (derived from the Appendix A quality measures): (1) adult body mass index (BMI) screening and follow-up; (2) weight assessment and counseling for nutrition and physical activity for children and adolescents; (3) care for controlling high blood pressure; (4) diabetes screening for people with		

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
		schizophrenia or bipolar disorder who are using antipsychotic medications; (5) diabetes care for people with serious mental illness: Hemoglobin A1c (HbA1c); (6) metabolic monitoring for children and adolescents on antipsychotics; (7) cardiovascular health screening for people with schizophrenia or bipolar disorder who are prescribed antipsychotic medications; and (8) cardiovascular health monitoring for people with cardiovascular disease and schizophrenia?		
<input type="checkbox"/>		CCBHCs ensure that children receive age appropriate screening and preventive interventions including, where appropriate, assessment of learning disabilities, and older adults receive age appropriate screening and preventive interventions		

Criteria 4.H. Targeted Case Management Services

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	4.h.1	CCBHCs are responsible for high quality targeted case management services that will assist individuals in sustaining recovery, and gaining access to needed medical, social, legal, educational, and other services and supports. If targeted case management services are offered by		

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
		a DCO(s), the CCBHCs have a formal agreement with the DCO(s).		
<input type="checkbox"/>	4.h.1	The state established requirements, based on the population served, as to what targeted case management services must be offered as part of the CCBHC care system, including identifying target populations. The population(s) targeted is (are) those with SPMI and those CCBHC clients identified at high risk of suicide by a CCBHC Licensed Mental Health Professional		

Criteria 4.I. Psychiatric Rehabilitation Services

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	4.i.1	CCBHCs are responsible for evidence-based and other psychiatric rehabilitation services. If psychiatric rehabilitation services are offered by a DCO(s), the CCBHCs have a formal agreement with the DCO(s).		
<input type="checkbox"/>		CCBHC is certified to provide ARMHS and CTSS in MN		

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

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	4.j.1	CCBHCs are responsible for peer specialist and recovery coaches, peer counseling, and family/caregiver supports. If peer support, peer counseling and family/caregiver support services are offered by a DCO(s), the CCBHCs have a formal agreement with the DCO(s).		

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

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	4.k.1	CCBHCs are responsible for intensive, community-based behavioral health care for certain members of the U.S. Armed Forces and veterans, particularly those Armed Forces members located 50 miles or more (or one hour's drive time) from a Military Treatment Facility (MTF) and veterans living 40 miles or more (driving distance) from a VA medical facility, or as otherwise required by federal law. The state has demonstrated efforts to facilitate the provision of intensive community-based behavioral health services to veterans and active duty military personnel.		
<input type="checkbox"/>	4.k.1	CCBHC care provided to veterans is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health		

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
		Administration (VHA), including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration.		
<input type="checkbox"/>	4.k.2	CCBHCs ask and document asking all individuals inquiring about services, whether they have ever served in the U.S. military. For those affirming current or former service in the U.S. military CCBHCs either direct them to care or provide care through the CCBHC as required by criterion 4.k.2.		
<input type="checkbox"/>	4.k.2	CCBHCs offer assistance with enrollment in the VHA for the delivery of health and behavioral health services to persons affirming former military service.		
<input type="checkbox"/>	4.k.3	CCBHCs provide coordination between the care of substance use disorders and other mental health conditions for veterans and active duty military personnel who experience both, to the extent those services are appropriately provided by the CCBHC in accordance with criteria 4.k.1 and 4.k.2.		
	4.k.3	CCBHCs provide for integration and coordination of care for behavioral health conditions and other components of health care for all veterans and active duty military personnel who experience both, to the extent those services are appropriately provided by the CCBHC in accordance with criteria 4.k.1 and 4.k.2.		

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	4.k.4	CCBHCs assign a Principal Behavioral Health Provider to every veteran seen, unless the VHA has already assigned a Principal Behavioral Health Provider.		
<input type="checkbox"/>	4.k.5	CCBHCs provide care and services for veterans that are recovery-oriented, adhere to the guiding principles of recovery, VHA recovery, and other VHA guidelines.		
<input type="checkbox"/>	4.k.6	CCBHC staff who work with military or veteran consumers are trained in cultural competence, and specifically military and veterans' culture.		
<input type="checkbox"/>	4.k.7	CCBHCs develop a behavioral health treatment plan for all veterans receiving behavioral health services compliant with provisions of Criteria 4.K.		

PROGRAM REQUIREMENT 5: QUALITY AND OTHER REPORTING

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

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	5.a.1-4	CCBHCs evidence the ability (for, at a minimum, all Medicaid enrollees) to collect, track, and report data and quality metrics as required by the statute, criteria, and PPS guidance, and as required for the evaluation and annually submit a cost report with supporting data within six months after the end of each demonstration year to the state.		
<input type="checkbox"/>	5.a.5	CCBHCs have policies and procedures in place requiring and enabling annual submission of the cost report within 6 months after the end of the demonstration year.		
<input type="checkbox"/>	5.a.3	CCBHCs have formal arrangements with the DCOs to obtain access to data needed to fulfill their reporting obligations and to obtain appropriate consents necessary to satisfy HIPAA, 42 CFR Part 2, and other requirements.		

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

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	5.b.1	CCBHCs have written CQI plans that satisfy the requirements of the criteria and have been		

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
		reviewed and approved by the state as part of certification.		
<input type="checkbox"/>	5.b.2	CCBHC's CQI plans specifically address (1) consumer suicide attempts and deaths and (2) 30-day hospital readmissions		

PROGRAM REQUIREMENT 6: ORGANIZATIONAL AUTHORITY, GOVERNANCE, AND ACCREDITATION¹⁴
Criteria 6.A. General Requirements of Organizational Authority and Finances

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	6.a.1	CCBHCs organizational authority is among those listed in the statute and criteria (nonprofit organization, part of a local government behavioral health authority, operated under the Indian Health Service, or urban Indian organization).		
<input type="checkbox"/>	6.a.2	CCBHCs not operated under or in collaboration with the authority of the Indian Health Service, an Indian tribe, or tribal or urban Indian organization, reached out to these entities within their geographic service area and entered into arrangements with them to assist in the provision of services to and to inform the provision of services to AI/AN consumers.		
<input type="checkbox"/>	6.a.3	The CCHBCs have a procedure for an annual financial audit and correction plan, when the latter is necessary.		

Criteria 6.B. Governance

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	6.b.1-3 6.b.4	CCBHCs board members are representative of the individuals being served by the CCBHC in terms of demographic factors such as geographic area, race,		

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
		<p>ethnicity, sex, gender identity, disability, age, and sexual orientation, and in terms of types of disorders. The CCBHCs incorporate meaningful participation by adult consumers with mental illness, adults recovering from substance use disorders, and family members of CCBHC consumers through the options listed below.</p> <p>Identify which method was used to certify the CCBHCs. If more than one option was used in the state, please identify the CCBHC to which the option applies.</p> <p>_____51 percent of the board are families, consumers or people in recovery from behavioral health conditions. The CCBHC has described how it meets this requirement or developed a transition plan with timelines appropriate to its governing board size and target population to meet this requirement that is satisfactory to the state.</p> <p>_____A substantial portion of the governing board members meet this criteria and other specifically described methods for consumers, people in recovery and family members to provide meaningful input to the board about the CCBHC's policies, processes, and services, The state has reviewed and approved and documented its approval of the proportion of the governing board members and methods to obtain meaningful input to the board.</p> <p>_____The CCBHC is comprised of a governmental or tribal entity or a subsidiary or part of a larger</p>		

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
		<p>corporate organization that cannot meet these requirements for board membership. The state has specified and documented the reasons why the CCBHC cannot meet these requirements and the CCBHC has developed an advisory structure and other specifically described methods for consumers, persons in recovery, and family members to provide meaningful input to the board about the CCBHC's policies, processes, and services.</p> <p>_____ 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.</p>		
<input type="checkbox"/>	6.b.2	Transition plan for integrating meaningful input to the board.		

Check	Item number	Description	Evidence criteria was met	Meet/ Does not Meet Requirement
<input type="checkbox"/>	6.b.3	Describe how your clinic satisfies the following criteria: 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.		