Overview

In October 2015, the Texas Health and Human Services Commission (HHSC) was awarded a planning grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop certification and payment methodologies for integrated mental health and substance abuse community centers. This planning grant was the first of a 2-part SAMHSA initiative designed to assist states with planning, implementing and evaluating efforts to improve community health services.

Participation in the SAMHSA Certified Community Behavioral Health Clinic (CCBHC) planning grant provided Texas with a unique opportunity to partner with MCOs, providers and stakeholders to certify clinics, develop an integrated service delivery framework and craft a prospective payment model supporting a robust integrated care approach for behavioral health.

Planning activities included:

- Developing state standards for pilot CCBHC centers based on SAMHSA criteria
- Identifying, preparing and certifying pilot CCBHCs
- Developing a prospective payment system (PPS) based on Centers for Medicare and Medicaid Services (CMS) cost report methodology
- Developing a proposal for participation in a 2-year national CCBHC demonstration project

While Texas was not selected as a national demonstration site, HHSC is continuing to explore this emerging national model to transform service delivery to improve the lives and healthcare outcomes of vulnerable populations by creating a more efficient and coordinated system.

With a continued commitment to exploring CCBHCs as an emerging national model and best practice, HHSC is working to transform the national priority into a state-driven initiative that best aligns the goals of CCBHCs within the current Medicaid and behavioral health environment in Texas.

This guidance will evolve as the Texas approach to CCBHC services is piloted and refined. For more information, please email the CCBHC Coordination Team.

This document is designed to provide guidance and clarification to selected behavioral health centers in completing and maintaining certification. Certification criteria is not repeated in this document, but may be found in supporting checklists and crosswalks, as well as by following the Texas CCBHC link on the Texas CCBHC Project website.
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Terms and Definitions

The following terms will be seen and used throughout this document, in addition to other documents associated with the CCBHC Initiative. HHSC recognizes that Centers and the public and private entities they work with may have existing definitions of these terms. The definitions listed here are to provide context and not intended to be encompassing of all definitions used by the Centers and their partners.

Care Coordination: The Agency for Healthcare Research and Quality (2014) defines care coordination as "deliberately organizing consumer care activities and sharing information among all of the participants concerned with a consumer’s care to achieve safer and more effective care. This means the patient’s needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient." As used here, the term applies to activities by CCBHCs that have the purpose of coordinating and managing the care and services furnished to each consumer as required by PAMA (including both behavioral and physical health care), regardless of whether the care and services are provided directly by the CCBHC or through referral or other affiliation with care providers and facilities outside the CCBHC. Care coordination is regarded as an activity rather than a service.

Center: Within this document, “Center” will be used to refer to qualified organizations that are interested in becoming a Certified Community Health Clinic (CCBHC).

Certified Community Behavioral Health Clinic (CCBHC): Used to refer to Centers that are certified by the state in accordance with the outlined CCBHC criteria. A CCBHC may offer services in different locations.

Certification: Centers that meet specific criteria as outlined in the Texas Reviewer Checklist. Certification as a CCBHC is intended to be supportive of the delivery of high-quality care and does not exempt Centers from other federal, state, and local laws and regulations.

Crisis: a situation in which a) the individual presents an immediate danger to self or others; or b) the individual’s mental or physical health is at risk of serious deterioration; or c) an individual believes that he or she presents an immediate danger to self or others or that his or her mental or physical health is a risk of serious deterioration (TAC §421.303)

Designated Collaborating Organization (DCO): A DCO is an entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC and delivers services under the same requirements as the CCBHC. DCOs do not bill separately for CCBHC specific services. Payment for DCO services is included within the scope of the DCO agreement, in addition to exchange of information that allows for DCO encounters to be included in CCBHC measures. An example of a DCO relationship would be a CCBHC working with an FQHC that provides primary care services for CCBHC consumers and these services are either 1) billed by the CCBHC or 2) the CCBHC pays for directly for the primary care staff member. The CCBHC maintains clinical responsibility for the services provided for CCBHC consumers by the DCO. To the extent that services are required that cannot be provided by either the CCBHC directly or by a DCO, referrals
may be made to other providers or entities. The CCBHC retains responsibility for care coordination including services to which it refers consumers. Payment for those referred services is made through traditional mechanisms within Medicaid.

Formal Partner: As used in the context of scope of services and the relationships between the CCBHC and DCOs, a formal partner is evidenced by a contract, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), or such other formal arrangements describing the parties’ mutual expectations and establishing accountability for services to be provided. CCBHCs are not expected to bill for services provided through their formal partners. An example of a formal partner is a relationship with an FQHC that is either adjacent to or co-located with the CCBHC but schedules and bills separately for CCBHC consumers. CCBHCs should work with their formal partners to create a seamless transition of care where possible.

Integrated care: “collaborative models or practices offering mental and physical health services, which may include practices that share the same space in the same facility “ (21st Century Cure Act of 12016, P.L. 114-255). Integrated care services should be tailored to meet the health needs of the population served with consideration of other realities such as geographic location (use of tele-health/behavioral health), space availability (including cultural considerations such as family exam rooms), and cost feasibility. Integrated care should be provided in a manner that coordinated, accessible, and seamless to best suit the needs of the client.

Routine care services: services provided to an individual who is not in crisis (TAC §412.303)

Urgent care services: Mental health community services or other necessary interventions provided to persons in crisis who do not need emergency care services, but who are potentially at risk of serious deterioration (TAC §412.303)

**Texas CCBHC Project Certification Documents**

Three key documents serve to support the certification process for the Texas CCBHC project.

1. Certification Criteria Overview and Clarification Guide (this document)
2. Texas CCBHC Reviewer Checklist
3. SAMHSA and Texas CCBHC Criteria Crosswalk

**Certification Criteria Overview and Clarification Guide**

The Certification Criteria Overview and Clarification Guide is designed to outline State expectations for CCBHCs. As part of the certification, demonstration, and evaluation processes, this guide will be periodically reviewed and updated to support and direct certification of an integrated behavioral health model based on emerging priorities and lessons learned.

While most of the CCBHC criteria is clear, there are several areas that were designed by SAMHSA to provide states with flexibility in determining criteria for CCBHCs. This guidance was
initially designed to provide clarification for the areas where SAMHSA provided flexibility, but has since been updated to synthesize SAMHSA and State overarching requirements and expectations for CCBHCs.

This guidance applies to all services provided by a CCBHC. While the CCBHC is referenced throughout, these expectations apply to the actual CCBHC, any associated Designated Collaborating Organization (DCO), and to the extent possible, any formal partners with the CCBHC.

**Texas CCBHC Reviewer Checklist**
The CCBHC Reviewer Checklist was initially designed to support the certification of pilot sites and ultimate completion of the Texas demonstration application. It is based on the SAMHSA demonstration application checklist, and reflects areas that the CCBHC team must certify related to readiness. The Reviewer Checklist has been updated as an assessment tool for certification of sites.

**Checklist Rating Scale**
The Review Checklist utilizes a 4 point scale based on the SAMHSA demonstration application rating scale. The scale is:

1. **Ready to Implement** - This rating means that the CCBHC has this component operational, and no gaps or outstanding issues were identified during the certification process.

2. **Mostly Ready to Implement** - This rating means that:
   a. The CCBHC has this component currently operational, and has identified additional changes or technical assistance needed to bring it to CCBHC criteria standards, or;
   b. The CCBHC has not implemented this component, but has a clear operational plan to achieve implementation within 120 days of certification (e.g. identified staffing levels may not be reached until the CCBHC begins ramp up of operations).

3. **Ready to Implement with Remediation** - This rating means that:
   a. The CCBHC has this component currently operational, and additional changes or technical assistance needed to bring it to CCBHC criteria standards were identified during the certification visit, or;
   b. The CCBHC has not implemented this component, has a clear operational plan to achieve implementation within 120 days of certification (e.g. identified staffing levels may not be reached until the CCBHC begins ramp up of operations), yet changes to the plan were identified by HHSC during the certification process.

4. **Unready to Implement** - This rating means that the CCBHC does not have this component operational, and either does not have a plan in place related to this particular component or the plan would not be able to be accomplished within a reasonable time from certification.

Any Center with an outstanding rating of 4 will not be eligible to be certified as a CCBHC.
Any Center with less than 90% of rating at a level 1 or 2 will not be eligible for certification as a CCBHC.

All operational plans to move the Center to a level 1 for any component that received a 2 or 3, must be able to be accomplished within 120 days of certification, unless an extended date has been approved by HHSC.

General CCBHC Expectations
All Centers certified as CCBHCs are expected to operate an integrated behavioral health clinic that supports both the Texas CCBHC Criteria, and the Texas Statewide Behavioral Health Strategic Plan. This includes supporting the vision of providing access to care at the right time and place, and assuring that programs and services are:

- Person-centered with the strengths and the needs of the person determining the types of services and supports provided.
- Culturally and linguistically sensitive with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve.
- Delivered in a flexible manner, where possible to meet the needs of each child, family, or adult close to their community.
- Ensure each child, family, or adult receives care based on the person's needs. ¹

Licensure Expectations
Potential CCBHCs currently have a variety of State licensure requirements they must meet. In addition, many have also undergone the rigorous process of receiving national certification from organizations such as the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and the Commission on the Accreditation of Rehabilitation Facilities (CARF). These certifications mean that these organizations have been certified as operating at a higher level of organizational efficiency and quality as outlined by those accrediting bodies. The CCBHC certification designation means that the Centers in this pilot have committed to operating at a level of integration and quality that promotes the best treatment and recovery opportunities for individuals with mental health and substance use service needs.

In all cases, when the CCBHC criteria are less stringent, an organization should meet the more stringent requirements in order to maintain licensure or other certification. Unless otherwise clarified in this guide, if CCBHC certification criteria is more stringent, the CCBHC criteria should be followed.

CCBHC certification is not designed to replace Texas regulations regarding provision of services, professional licensure requirements, or individual contract requirements. CCBHCs are expected to maintain all required licenses throughout the certification period. Any regulatory licensure revocations (of either facility or professional licenses) that result in a CCBHC being

¹ Adapted from the Texas Statewide Behavioral Health Strategic Plan
unable to operate within the State of Texas, will preclude the CCBHC from continuing as a certified site.

Integration Expectations
CCBHCs offer individuals services in an integrated behavioral health environment. For purposes of the Texas CCBHC Initiative this includes integrated mental health and substance use disorder services with targeted medical testing and screening. Facilities operating as an integrated healthcare facility with seamless communication, data sharing, and operations between behavioral health and primary care will be able to provide better care coordination and planning. Through the certification process, CCBHCs are expected to examine their level of integration and move towards complete integration.

Facility and Service Integration
All CCBHCs must be able to make available integrated behavioral health services to all clients, when indicated. Individual clinics may be focused on special populations or services, but it is expected that an individual’s whole behavioral health needs, including medical testing and screening, will be able to be coordinated in any facility that is part of the CCBHC model. If services are provided via telehealth or in another setting, CCBHCs must have protocols for assuring active care management and support. When medical or behavioral health services are provided by another organization through a designated collaborating organization (DCO) agreement or other partner through a formal arrangement, the CCBHC must have operating protocols beyond the agreement that outline communication, data management, supervisory authority, and expected roles of each individual not employed or contracted with the CCBHC itself. CCBHCs are expected to work with their DCOs and formal partners to create a healthcare environment that is seamless to the individual receiving services.

Community Integration
In addition to having active consumer participation on governing or advisory boards, CCBHCs must actively engage with the communities where they operate. This includes working with schools, veteran centers, public and private healthcare providers and hospitals, law enforcement, and jails to facilitate coordination and continuity of care. CCBHCs must be able to exhibit coordination activities, data exchanges, or memoranda of agreement (MOAs) that support integrated behavioral health activities within a community. CCBHCs with additional programs and projects focused on community integration and continuity of care (i.e. System of Care, YES Waiver, HCBS, etc.) should utilize these programs and projects to complement CCBHC activities.

Data and Evaluation Expectations
Participation in the CCBHC Initiative requires Centers to have an electronic health record (EHR) that has the capability to collect, report, and track encounter, outcome, and quality data relevant to the CCBHC measures (Appendix A) and as outlined in the Texas Reviewer Checklist. CCBHCs are expected to work with their DCOs and formal partners, as applicable and as necessary, to obtain data relevant to coordination of care for consumers receiving services from the CCBHC.
CCBHCs must be willing to participate in ongoing quality assurance and evaluation activities by HHSC. As part of certification maintenance, CCBHCs may be asked to submit an evaluation report on CCBHC specific measures (Appendix A). CCBHCs will be expected to exhibit commitment to this requirement by their Executive leadership and governing board.

**Certification Criteria Clarification**

Certification criteria clarification provided in this document is designed to assist potential and current CCBHCs with certification and, as applicable, recertification activities. Updates and changes to this criteria after a center has been certified will not impact certification ratings, but may impact recertification. Any updates or changes will be in support of lessons learned, adoption of best practices, feedback from statewide advisory committees or community needs assessments, or clarifications requested by the CCBHCs. In addition, the potential or current CCBHCs may require case-by-case clarification based on unique needs or populations. If it is determined that individual CCBHC level clarifications may be beneficial for all Centers in order to assure continuity and sustainability, changes will be implemented with an accompanying implementation timeline and plan.

**Criteria 1: Staffing**

**General Expectations**

- CCBHCs will ensure that all professional licensure, credentialing and certification standards are met and maintained for licensed personnel. CCBHCs also have a process in place for the documentation of unlicensed providers working toward licensure are receiving the required supervision in accordance with applicable state law.
  - As allowed by State law, Qualified Mental Health Professionals (QMHPs) may perform screening, assessment, and service delivery activities in conjunction with a Licensed Practitioner of the Healing Arts (LPHA).
  - As allowed by licensure and appropriate, Provisionally Licensed Psychologists (PLPs) and Licensed Psychological Associates (LPAs) may be used.
- CCBHCs will assure that any TAC rules governing the type of staff allowed to deliver specific services is followed.
- CCBHCs will hire and staff to meet the needs of the community as identified through regular community feedback and assessment activities.
- CCBHCs will ensure that staff receive trainings related to cultural and linguistic competencies as appropriate for the communities that are served and based on the needs identified in the needs assessment. CCBHCs should also include staff from DCOs or formal partners in training plans as appropriate.
- Staff should include at minimum:
  - a Psychiatrist
  - Advanced practice registered nurses (APRNs) or registered nurses trained to work in mental health and substance use services
  - Licensed Professional Counselors (LPCs)
  - Licensed Clinical Social Workers (LCSWs)
Licensed Chemical Dependency Counselors (LCDCs)
• Case management professionals (individuals with the skills and abilities to coordinate care, create linkages, and support individuals in care and recovery)
• Certified peer and family support specialists.

- CCBHCs will be expected to provide documentation to HHSC of reasonable and consistent efforts to obtain or contract with a psychiatrist as a Medical Director.
- Staffing expectations should be considered minimum requirements, and should not preclude an organization from hiring individual providers that bring skills and resources necessary to serve the CCBHC population.
- Adjustments to minimum staffing requirements (as listed above) may be considered if a site is able to demonstrate that the necessary skillsets are satisfied through other provider types.

Criteria 2: Availability and Accessibility of Services

General Expectations
- Services are made available to consumers regardless of payment source, ability to pay, or the individual's home.
  - CCBHCs must have written protocols for coordination of services and transition to other services/providers for consumers for whom they are unable to provide services (i.e. an individual that resides outside of the catchment area).
  - Sliding fee discount schedule(s) are used when appropriate, and are communicated in languages/formats appropriate for individuals seeking services and conform to state or federal statutory or administrative requirements.
- CCBHCs have a process in place to identify gaps and improve accessibility to meet the needs of the consumer population to be served.
- Crisis care services - State regulations are more stringent than original SAMHSA criteria and designate that crisis stabilization services must be provided immediately.
- Urgent care services - State regulations are more stringent than original SAMHSA criteria and designate that initial assessment or crisis stabilization services must be provided within 8 hours of time of notification.
- Routine screening for new consumers is to be provided within 10 business days of request, and a uniform, comprehensive person-centered and family-centered diagnostic and treatment planning evaluation must be completed within 14 days of the screening.
- Initial assessments must be updated at least every 90 days for both adults and children/youth. This may be a targeted update of the assessment, and does not require a complete re-assessment. (Note: This should be seen as a minimum expectation. Regular communication and check-in with a client should be ongoing and thus may not necessitate a 90 day follow-up. Likewise, if appropriate, a full assessment may be conducted every 90 days.)
  - Diagnostic and treatment planning evaluations of consumers should be comprehensive, person-centered, family-centered, and build upon any screenings, assessments, or evaluations that have already been completed. CCBHCs must have a policy and/or procedure in place for crisis planning, which
describes the continuum of crisis prevention, response, post-intervention services, and includes the creation of and documentation of Psychiatric Advanced Directives.

Criteria 3: Care Coordination

General Expectations

- CCBHCs should work with Managed Care Organizations (MCOs) when appropriate as a partner in care coordination. This may include activities such as regular data sharing for individuals being seen by the CCBHC but showing up in emergency rooms for psychiatric needs.
- CCBHCs are expected to coordinate with local veterans’ service organizations, school districts, and individual providers in order to establish a network of community supports for clients. As appropriate, this should also include tribal entities.
  - CCBHCs should also consider agreements with other community or regional services, supports, and providers as necessary (i.e. specialty providers of medications for treatment of opioid and alcohol dependence, suicide/crisis hotlines and warmlines, homeless shelters, housing agencies, employment services systems, and services for older adults such as Aging and Disability Resources Centers, and as appropriate, domestic violence centers, pastoral services, grief counseling, Affordable Care act navigators, food and transportation programs)
- CCBHCs should work to ensure that referrals to outside entities are appropriate for the client and for the outside entity, either by following up with the client and/or the outside entity. This information is tracked, updated regularly, and available to staff making referrals.
- CCBHCs work toward formal contracts with all entities with which they coordinate care. If agreements cannot be established within a reasonable time frame, justification is provided to the state and the CCBHC develops contingency plans for coordination of care. However, the creation of these agreements should not limit a consumer’s freedom to choose their provider.
- Treatment planning and care coordination should be person-centered and family-centered. Other individuals designated by the consumer should also be included in treatment planning as appropriate.
- CCBHCs should create a plan that includes 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 4: Scope of Services

General Expectations

- CCBHCs provide, or oversee through a DCO or partner with a formal agreement, provision of the 9 key services outlined in Appendix B.
- Should a CCBHC choose to use a DCO or partner with a formal agreement to provide key services, the CCBHC have protocols in place to assure that these services not provided directly by the CCBHC meet the same quality standards. CCBHCs should also have in place a grievance process that satisfies the minimum requirements of Medicaid and/or other grievance requirements that may be relevant from accrediting entities.
- CCBHCs provide services that consider individual consumer’s phase of life, desires, functioning, and appropriate evidenced-based treatments. CCBHCs should have a plan for treatment of transition age youth.
- CCBHCs will utilize the Child and Adolescent Needs and Strengths and the Adult Needs and Strengths Assessment (CANS/ANSA) tools as part of the assessment process in order to recommend levels of care and inform treatment planning. The assessment process will also be used to determine if a client should be transferred to another provider, or if the client should be discharged from services. These assessments may be used with all populations. A CCBHC may propose alternate assessment tools for use with clients presenting with only substance use treatment needs.
- CCBHCs are responsible for coordinating internally with the necessary staff and programs to carry out treatment plans for clients.
- In order to assure consistency in outcomes, CCBHCs must utilize the following tools, when appropriate for the need and the client. If a CCBHC has identified specific evidence based practices (EBPs) with similar outcomes that are appropriate to the needs of the population (or as required by another entity), those EBPs may be substituted.
  - Adult specific:
    - Assertive Community Treatment Services: SAMHSA Assertive Community Treatment;
    - Counseling: Cognitive Behavioral Therapy and Cognitive Processing Therapy;
    - Psychosocial Rehabilitation: SAMHSA Illness Management and Recovery (IMR); SAMHSA Integrated Treatment for Co-occurring Disorders; SAMHSA Supported Employment; SAMHSA Permanent Supportive Housing
  - Child/Adolescent specific:
    - Nurturing Parent Training;
    - Trauma Focused CBT
    - Case Management using the NWIC Wraparound model, when indicated
  - Applicable to all populations:
    - Screening, Brief Intervention, and Referral to Treatment (SBIRT) model;
    - Motivational Interviewing;
    - Person-Centered Recovery Planning;
• Seeking Safety;

• If a client presents with needs outside the scope of EBPs in use by the CCBHC, the CCBHC must have a written protocol addressing how those needs will be met - either through the CCBHC, DCO, or formal partner. If the needs are outside the scope of CCBHC services, a referral may also be appropriate.

• CCBHCs will ensure that all EBPs are provided by individuals practicing within the scope of license, billing requirements, and meet all training and competency requirements.

• CCBHCs may incorporate other EBPs appropriate to community needs, and in order to tailor treatment and recovery plans to the client.

• Primary care screening and monitoring of key health indicators and health risk, whether provided by the CCBHC or through a DCO/formal partner, should be received in a timely fashion to be meaningful for the client.

• 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.

Criteria 5: Quality and Other Reporting

General Expectations

• CCBHCs have a written continuous quality improvement (CQI) plan that aligns with data and evaluation expectations.
  o The CCBHC’s CQI plan must include the establishment of fidelity checkpoints for:
    ▪ Overall CCBHC adherence to CCBHC criteria
    ▪ Individual provider adherence to evidence based practiced protocols
  o The CCBHC CQI plan must include an annual review of services provided by a DCO or formal partners.
  o The CCBHC CQI plan must include processes for consumer input into CQI activities

• CCBHCs must meet all claims and data submission deadlines established by contracting entities, such as managed care organizations (MCOs) and the State. Certification as a CCBHC does not change operational, claims and reporting deadlines.

Criteria 6: Organizational Authority, Governance and Accreditation

General Expectations

• CCBHCs meet organizational authority, governance and accreditation standards outlined in the Texas CCBHC criteria. CCBHCs must meet, at minimum, one of the following:
  o Is a non-profit organization, exempt from tax under Section 501(c)(3) of the United States Internal Revenue Code;
  o 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.).

If a CCBHC’s governing board membership is dictated by a local or county government, an alternative advisory board with >50% consumer participation must be created. CCBHCs will be expected to describe how it meets this requirement or develop a transition plan with timelines appropriate to the governing board size and target population.
Appendix A. Quality Measures and Reporting Requirements

The requirements are based on the measurement landscape as of the time the CCBHC criteria were drafted (March 2015) and, given the rapid change occurring in the measurement field, might change, particularly if altering these quality measures enables better alignment with other reporting requirements. Appendix A is divided into data/measures required to be reported by the CCBHCs (Table 1) and those required to be reported by the States (Table 2). Reporting is annual and data are required to be reported for all CCBHC consumers, or where data constraints exist, for all Medicaid enrollees in the CCBHCs. In addition to these reporting requirements, the HHSC may require the reporting of additional data to be used as part of the CCBHC project evaluation. Those additional data are not specified in these criteria. All data collected and reported by the state must be flagged to distinguish the individual CCBHCs and consumers served by CCBHCs, as well as a comparison group of clinics and consumers. In addition, the consumer’s unique Medicaid identifier must be attached.

Table 1. Clinic Reported Measures

<table>
<thead>
<tr>
<th>Potential Source of Data</th>
<th>Measure or Other Reporting Requirement</th>
<th>National Quality Forum Measure (# if endorsed)</th>
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<tbody>
<tr>
<td>EHR, Patient records,</td>
<td>Number/percent of new clients with initial evaluation provided within 10 business days, and mean number of days until initial evaluation for new clients</td>
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<td>EHR, Patient records</td>
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<td>EHR, Encounter data</td>
<td>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (see Medicaid Child Core Set)</td>
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<td>EHR, Encounter data</td>
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<td>EHR, Patient records</td>
<td>Child and adolescent major depressive disorder (MDD): Suicide Risk Assessment (see Medicaid Child Core Set)</td>
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<td>standardized measure (PHQ-9)</td>
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Table 2. State Reported Measures

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<th>National Quality Forum Measure (# if endorsed)</th>
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<td>Follow-Up After Emergency Department for Alcohol or Other Dependence</td>
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<td>Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications</td>
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<td>Adherence to Antipsychotic Medications for Individuals with Schizophrenia (see Medicaid Adult Core Set)</td>
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<td>Follow-Up After Hospitalization for Mental Illness, ages 21+ (adult) (see Medicaid Adult Core Set)</td>
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<td>Follow-Up After Hospitalization for Mental Illness, ages 6 to 21 (child/adolescent) (see Medicaid Child Core Set)</td>
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<td>Antidepressant Medication Management (see Medicaid Adult Core Set)</td>
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<td>EHR, Patient records</td>
<td>Initiation and engagement of alcohol and other drug dependence treatment (see Medicaid Adult Core Set)</td>
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<td>MHSIP Survey</td>
<td>Patient Experience of Care Survey/Family Experience of Care Survey</td>
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Appendix B. Services Required by CCBHCs

The following services must be provided by a CCBHC:

- Crisis mental health services including 24-hour mobile crisis teams, emergency crisis intervention, and crisis stabilization (unless there is an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services that dictates otherwise);
- Screening, assessment, and diagnosis including risk management;
- Patient-centered treatment planning
- Comprehensive outpatient mental health and substance use services

The following services may be provided by a CCBHC, and/or their DCO or formal partner:

- Outpatient primary care screening and monitoring of key health indicators and health risk;
- Targeted case-management;
- Psychiatric rehabilitation services;
- Development of comprehensive community recovery supports including peer support, counseling services, and family support services;
- Services for members of the armed services and veterans

Other services and activities that are not part of the 9 core services, but are expected to be provided by CCBHCs, their DCOs, and/or formal partners:

- Social support opportunities through established models such as clubhouses that provide therapeutic individual and group interactions, assistance with employment, housing, and other community recovery supports
- Assertive community treatment
- Establishment of cooperative relationships with judicial officials/court systems and provision of Assisted Outpatient Treatment when ordered
- Establishment of an Advisory Work Group comprising of individuals with mental and substance use disorders, and family members, to provide input and guidance to the CCBHC on implementation, services, and policies