Crosswalk of NCQA’s Accreditation of Case Management for Long-Term Services and Supports (CM-LTSS) to the Certified Community Behavioral Health Clinics (CCBHC) Criteria

The goal of this crosswalk is to demonstrate the alignment of NCQA’s CM-LTSS Accreditation to the CCBHC criteria. The table includes a summary of the CCBHC requirement, the related CM-LTSS standard and an analysis of the alignment between the programs. This table does not include details about the type of documentation that needs to be prepared for each program.

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<td><strong>Program Requirement 1: Staffing</strong></td>
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| **Criteria 1.A. General Staffing Requirements** | LTSS 6: Staffing, Training and Verification  
*Element A: Defining Staffing Needs*  
The organization defines:  
1. The categories of staff needed to perform the services it provides.  
2. The categories of staff that require licensure.  
3. The number of staff in each category needed to perform the services the organization provides. | Fully meets.  
- The CM-LTSS standards (LTSS 6, Elements A and D) fully meet the general staffing requirements (CCBHC Criteria 1.A. and 1.B.). NCQA allows organizations the flexibility to structure its staffing as needed as well as with defining the credentials needed for its staff.  
- LTSS 6, Element D fully addresses the cultural competency requirements (CCBHC Criteria 1.C.).  
- LTSS 1, Element C fully addresses the linguistic competency requirements (CCBHC Criteria 1.D.). |
<p>| • At a minimum the management team must include a CEO or Executive Director/ Project Director and psychiatrist as the Medical Director. Depending on size, these roles may be held by the same person. | | |
| <strong>Criteria 1.B. Licensure and Credentialing of Providers</strong> | | |
| • Must employ or have available credentialed substance abuse, child trauma, and adult serious mental illness specialists. Providers and services must be culturally and linguistically competent and appropriate and ADA compliant. | | |
| <strong>Criteria 1.C. Cultural Competence and Other Training</strong> | | |
| • Culturally competency training provided to staff. | | |
| <strong>Criteria 1.D. Linguistic Competence</strong> | | |
| • Ensure that communications, services and materials support individuals’ linguistic needs. | | |</p>
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<td>4. Reviewed program content for cultural and linguistic appropriateness.</td>
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**Program Requirement 2: Availability and Accessibility of Services**

**Criteria 2.A. General Requirements of Access and Availability**
- Provides safe, functional, clean and welcoming environment for consumers and staff.
- Outpatient clinical services available during times that ensure accessibility including some nights and weekend hours.
- Transportation or transportation vouchers provided to the extent possible.
- Telehealth, mobile in-home and online treatment services utilized to the extent possible.
- Engages in outreach and engagement activities to assist consumers and families in accessing benefits and services.
- Has a continuity of operations/disaster plan.

**Criteria 2.B. Requirements for Timely Access to Services and Initial and Comprehensive Evaluation for New Consumers**
- New consumer completes a preliminary screening and risk assessment at the time of first contact and a more comprehensive diagnostic and treatment plan evaluation within 60 calendar days of first request for services and updated no less frequently than every 90 days.
- Outpatient clinical services for established CCBHC consumers seeking an appointment for routine services must be provided within 10 business days of requested date for service.

**LTSS 1: Program Description**

*Element A: Program Description*

The description of the organization’s case management program includes:
1. Criteria for identifying individuals who are eligible for the program.
2. Services offered to individuals.
3. Evidence and professional standards used for program operations.
4. Defined program goals.
5. How case management services are coordinated with the services of others involved in individuals’ care.

**LTSS 2: Assessment Process**

*Element B: Assessment of Health, Functioning and Communication Needs*

The organization’s case management process includes the following assessments:
1. Health status, including condition-specific issues.
2. Clinical history, including medications.
3. Activities of daily living, including use of supports.
4. Instrumental activities of daily living, including use of supports.
5. Behavioral health status.
7. Social determinants of health.
8. Social functioning.

**Partially meets.**
- LTSS 1, Element A includes requirements for the organization to include in its program description which services (e.g. arranging appointments and referrals to community resources, personal care assistance, transportation services, housing-related services) are offered as part of its program (Criteria 2.A.). This element also requires organizations to provide information about how individuals are identified to participate in the program. (This could apply to Criteria 2.B. which requires a preliminary screening.)

- NCQA is not prescriptive about timeliness requirements in the CM-LTSS program. NCQA allows organizations to define the timing for certain activities.

- NCQA has a requirement for emergency back-up plans (LTSS 3, Element B, factor 6), but this potentially may not fully meet the CCBHC requirement (Criteria 2.C.).

- NCQA typically does not include standards about ability to pay (Criteria 2.D.) or residency requirements (Criteria 2.E.). CM-LTSS
Criteria 2.C. 24/7 Access to Crisis Management Services
- Access to crisis management 24-hours a day and delivered within 3 hours.
- Organization maintains a working relationship with local EDs and has established protocols with local law enforcement.

Criteria 2.D. No Refusal of Services Due to Inability to Pay
- Individuals cannot be denied services because of inability to pay, homelessness or lack of permanent address.
- CCBHC has a published sliding fee discount schedule(s) and written policies and procedures for eligibility and implementation.

Criteria 2.E. Provision of Services Regardless of Residence
- Established policy for those who don’t live close to a CCBHC, are homeless or lack a permanent address.

Criteria 3.A. General Requirements of Care Coordination
- HIPAA and CFR Part 2 privacy compliance.
- Patient consent for information sharing with other providers.

Criteria 3.B. Care Coordination and Other Health Information Systems
- CCBHC establishes or maintains a health information technology that includes, but is not limited to, an EHR which is used for activities such as population health management, quality improvement, reducing disparities, research and/or outreach.

Program Requirement 3: Care Coordination

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### Criteria 3.C. Care Coordination Agreements

- Agreement with FQHCs, Rural Health Clinics, the VA, inpatient acute care hospitals.
- Has established agreement that establishes care coordination expectations with ambulatory and medical detoxification, post-detoxification step down service and residential programs.
- Care is coordinated across the spectrum of health services including access to physical and behavioral health care, social services, housing, educational systems, and employment opportunities.
- Establishes care coordinating expectations with community and regional services supports and providers including schools, child welfare agencies, juvenile and criminal justice agencies and facilities, Indian Health Services youth treatment centers, child placing agencies for therapeutic foster care service and other social and human services.
- Has agreements with other agencies such as specialty providers for SUD, suicide crisis hotlines and warmlines, Indian Health Services or other tribal programs, homeless shelters, housing agencies, employment services, services for older adults and other social and human services.

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

- Interdisciplinary treatment team.
- Provider takes the consumer’s and their families’ preference into consideration. And uses person centered and family centered treatment planning and care coordination.

#### CM-LTSS Accreditation

2. Identification of barriers to meeting the individual’s goals and preferences or implementing the plan.
3. Development of a schedule for follow-up and communication with individuals.
4. Development of a plan for follow-up and communication with LTSS providers.
5. Development of an emergency back-up plan.
7. Facilitation of referrals to resources and follow-up process to determine whether individuals acted on referrals.
8. A process to assess individual’s progress against case management plans.

#### LTSS 1: Program Description

**Element A: Program Description**
The description of the organization’s case management program includes:

1. Criteria for identifying individuals who are eligible for the program.
2. Services offered to individuals.
3. Evidence and professional standards used for program operations.
4. Defined program goals.
5. How case management services are coordinated with the services of others involved in individuals’ care.

### Program Requirement 4: Scope of Services


- Responsible for all care specified in PAMA, including Criteria 4.B–4.K.

#### LTSS 2: Assessment Process

**Element A: Population Assessment**
The organization annually:

- The CM-LTSS Accreditation addresses person-centered care planning and...
**Summary of CCBHC Requirement**

- Grievance procedures as minimally required by Medicaid and other grievance requirements must be in place.

**Criteria 4.B. Requirement of Person-Centered and Family-Centered Care**
- Services reflect person and family centered, recovery-oriented care, respect of individual consumer needs, preferences and values and ensure both consumer involvement and self-direction of services received.
- Services for children and youth are family centered, youth guided and developmentally appropriate.
- Services are culturally sensitive.

**Criteria 4.C. Crisis Behavioral Health Services**
- CCBHC must directly provide robust and timely crisis behavioral health services that include a 24-hour mobile crisis team, emergency crisis intervention services and crisis stabilization.

**Criteria 4.D. Screening, Assessment and Diagnosis**
- CCBHC has formal relationships with other providers for referrals to other services when necessary.
- The initial evaluation includes: preliminary diagnoses, the source of referral, the reason for seeking care, identification of the consumers immediate clinical care needs related to the diagnosis, list of current prescriptions and over the counter medications and other substances the consumer may use, assessment to see if the consumer is a risk to self or others, assessment of the consumer has concerns for their safety, assessment of medical care and determination of active duty or veteran status.
- States will establish recruitments for diagnostic and treatment planning evaluations.

**CM-LTSS Accreditation**

1. Assesses the characteristics and needs of its enrolled population and relevant subpopulations.
2. Reviews its case management processes and updates them, if necessary to address population needs.
3. Reviews its case management resources and updates them, if necessary to address population needs.

**Element B: Assessment of Health, Functioning and Communication Needs**
The organization’s case management process includes the following assessments:
1. Health status, including condition-specific issues.
2. Clinical history, including medications.
3. Activities of daily living, including use of supports.
4. Instrumental activities of daily living, including use of supports.
5. Behavioral health status.
7. Social determinants of health.
8. Social functioning.
9. Health beliefs and behaviors.
10. Cultural and linguistic needs, preferences or limitations.
11. Visual and hearing needs, preferences or limitations.
12. Physical environment for risk.

**Element B: Resource Assessments**
The organization’s case management process specifies assessment of the following resources:
1. Paid and unpaid caregiver resources, involvement and needs.
2. Available benefits within the organization.
3. Community resources.

**LTSS 3: Person-Centered Care Planning Process**

**Element A: Person-Centered Assessment**
The organization has a process to:
1. Assess individuals’ prioritized goals.
2. Assess individuals’ preferences.

**Equivalency Analysis**

assessment processes. However, our program does not go into the same level of specificity as the CCBHC program for some areas (e.g. standardized and validated screening and assessment tools and brief motivational interviewing or certain assessment items), meaning our standards would only partially meet the requirements.

- While not a direct match, LTSS 2, Element A, would help organizations identify the activities outlined for targeted case management services (Criteria 4.H.).

- The CM-LTSS program does not include requirements for the following areas:
  - Crisis behavioral health.
  - Formal relationships with providers.
  - Standardized and validated screen and assessment tools and brief motivational interviewing tools.
  - Outpatient Mental Health and Substance Use Services.
  - Outpatient Clinic Primary Care Screening and Monitoring.
  - Evidence based psychiatric rehabilitation services.
  - Intensive, community-based mental health care for members of the armed forces and veterans.
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| • Comprehensive person centered, and family centered diagnostic and treatment planning evaluation completed within 60 days by a licensed BH professional.  
• Standardized and validated screening and assessment tools and brief motivation interviewing will be used.  
• Cultural and linguistically appropriate services and materials will be available.  
• Screening that identifies problematic SU will be followed up with a brief intervention and referral as appropriate. | 3. Assess individuals’ life planning activities.  
4. Identify individuals’ preferred method of communication. |  |
| **Criteria 4.E. Person-Centered and Family-Centered Treatment Planning**  
• CCBHC directly provides person centered and family centered treatment planning including risk assessments and crisis planning.  
• Individualized plans will be developed in collaboration with and endorsed by the consumer and family to the extent the consumer wishes or family/caregivers of youth/children.  
• Consumer assessments inform the comprehensive treatment plan and services provided. | **Element B: Person-Centered Care Planning Process**  
The organization’s care planning procedures address:  
1. Development of an individualized case management plan that includes preferences and prioritized goals.  
2. Identification of barriers to meeting the individual’s goals and preferences or implementing the plan.  
3. Development of a schedule for follow-up and communication with individuals.  
4. Development of a plan for follow-up and communication with LTSS providers.  
5. Development of an emergency back-up plan.  
7. Facilitation of referrals to resources and follow-up process to determine whether individuals acted on referrals.  
8. A process to assess individual’s progress against case management plans. |  |
| **Criteria 4.F. Outpatient Mental Health and Substance Use Services**  
• CCBHC directly provides outpatient mental and substance use disorder services that are evidence based or best practices.  
• Specialized services must be made available either through referral or other formal arrangements.  
• States must establish a minimum set of evidence-based practices required of the CCBHC.  
• Treatments must be appropriate for the consumer’s phase of life and development. | **LTSS 7: Rights and Responsibilities**  
**Element D: Handling Complaints from Individuals**  
The organization has policies and procedures for registering and responding to verbal and written complaints. Policies and procedures include:  
1. Documentation of the substance of complaints and actions taken.  
2. Investigation of the substance of complaints, including any aspect of care involved.  
3. A process for triaging irrelevant complaints to appropriate parties and to the purchaser, if applicable.  
4. Notification and update individuals on the progress of the investigation.  
5. Notification to individuals of the disposition of complaints.  
6. Standards for timeliness, including standards for urgent situations. |  |
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**Criteria 4.G. Outpatient Clinic Primary Care Screening and Monitoring**  
• Provides outpatient clinic primary care screening and monitoring of key health indicators and risks in a timely manner. |  
**Element E: Resolving Complaints**  
The organization documents:  
1. Resolution of complaints from individuals.  
2. Turnaround times for resolution of complaints from individuals. |
| **Criteria 4.H. Targeted Case Management Services**  
• Targeted case management services are high quality and assist individual in sustaining recovery and gaining access to needed medical, social, legal, educational and other services and supports. |  
**Criteria 4.I. Psychiatric Rehabilitation Services**  
• CCBHC is responsible for evidence based psychiatric rehabilitation services and other psychiatric rehabilitation services. |  
**Criteria 4.J. Peer Supports, Peer Counseling and Family/Caregiver Supports**  
• CCBHC is responsible for peer specialists, recovery coaches, peer counseling and family/caregiver supports. |
| **Criteria 4.K. Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans**  
• Intensive, community-based mental health care for members of the armed forces and veterans. |  
**Program Requirement 5: Quality and Other Reporting**  
**Criteria 5.A. Data Collection, Reporting and Tracking**  
• Ability to collect report and track encounters, outcome and quality data.  
• States must provide CCHBC level Medicaid claims or encounter data annually. Consumer and service level data should include at a minimum; a unique consumer identifier.  
**LTSS 5: Measurement and Quality Improvement**  
**Elements B-D: Track and Analyze Measures of Effectiveness**  
At least annually, the organization monitors three measures to evaluate the effectiveness of its case management program. For each measure, the organization: |  
**Fully meets.**  
• The CM-LTSS Accreditation requires organizations to track and analyze three measures of effectiveness (LTSS 5, Elements, B, C and D – one measure per element).  
NCQA is not prescriptive about which |
### Summary of CCBHC Requirement

ID, unique clinical ID, date of service, CCHBC covered service provided, units of service provided and diagnosis.

**Criteria 5.B. Continuous Quality Improvement (CQI) Plan**
- CCBHC develops implements and maintains an effective CCHC wide, data driven continuous quality improvement plan for clinical services and management. Plan must include consumer suicide death or attempts, consumer 30 day hospital readmissions for psychiatric or SU reasons, other events deemed appropriate.
- CQI plan reviewed by state during certification.

### CM-LTSS Accreditation

1. Identifies a relevant process or outcome.
2. Uses valid methods that provide quantitative results.
3. Sets a performance goal.
4. Clearly identifies measure specifications.
5. Collects and analyzes results.
6. Identifies opportunities for improvement, if applicable.

#### Element E: Action and Remeasurement
Based on the results of its measurement and analysis of case management effectiveness, the organization:
1. Acts to improve on one measure of effectiveness, if applicable.
2. Acts to improve on one measure of experience, if applicable.
3. Remeasures to determine the action’s impact on effectiveness, if applicable.
4. Remeasures to determine the action’s impact on experience, if applicable.

### Equivalency Analysis

measures are used for these standards. The measures required for CCBHC could be applicable measures for those standards.

- The measures used for LTSS 5, Elements B, C and D identified would be used for LTSS 5, Element E (Criteria 5.B.).

### Program Requirement 6: Organizational Authority, Governance and Accreditation

#### Criteria 6.A. General Requirements of Organizational Authority and Finances
- CCBHC must be one of the following: nonprofit (501(c)(3)), part of local or government BH authority, Indian Health Service, or is an urban Indian organization pursuant to a grant or contract with the Indian Health Service.
- CCBHCs not operated by Indian Health Services (or similar bodies) should establish arrangements with them to the extent possible.
- Annual audits performed.

#### Criteria 6.B. Governance
- Board, or advisory structure will be representative of the population served and will incorporate meaningful participation from adult consumers. No more than half of

### No equivalent standard. See Equivalency Analysis.

#### Partially meets.
- NCQA generally does not include organizational authority and finance requirements in our programs (Criteria 6.A).
- NCQA does not evaluation accreditation or certification requirements within the standards of our accreditation programs. However, NCQA expects all organizations that are eligible for accreditation to comply with applicable federal, state and local laws and regulations, including all licensure requirements. (This expectation is outlined in the CM-LTSS Accreditation policies and procedures under Section 1: Eligibility and the Application Process.)
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**Criteria 6.C. Accreditation**
- CCBHC adheres to state accreditation, certification and/or licensing requirements.
- States are encouraged to require accreditation of CCBHCs by a nationally-recognized org (e.g. TJC, COA, AAAHC). Accreditation does not mean “deemed” status.
- The CM-LTSS Accreditation does include governance requirements (Criteria 6.B).