Kentucky Department for Medicaid Services
Certified Behavioral Health Clinic (CCBHC) Application

The Kentucky Department for Medicaid Services (KY DMS) is accepting applications from identified outpatient behavioral health providers who wish to seek certification as a Kentucky Certified Community Behavioral Health Clinic (CCBHC) and to participate in Kentucky's CCBHC demonstration program. CCBHCs represent an opportunity for states to improve the behavioral health of their citizens across their lifespan by increasing access to community-based substance use disorder, behavioral health and crisis care.

Enhanced federal matching funds made available through this demonstration for services delivered to Medicaid beneficiaries offer states the opportunity to expand access to care and improve the quality of behavioral health services. CCBHCs will work with the KY DMS or its designee to develop actuarially sound rates delivered via a Prospective Payment System.

What is a CCBHC?

A Certified Community Behavioral Health Clinic (CCBHC) is a specially-designated clinic that provides a comprehensive range of mental health and substance use services. Certified Community Behavioral Health Clinics (CCBHCs) are designed to ensure access to coordinated comprehensive behavioral health care. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age. This includes developmentally appropriate care for children and youth.

CCBHCs must meet standards for the range of services they provide and are required to get people into care quickly. The CCBHC model requires:

- Crisis services to be available 24 hours a day, 7 days a week.

- Comprehensive behavioral health services to be available so people who need care don't have to piece together the behavioral health support they need across multiple providers.

- Care coordination to be provided to help people navigate behavioral health care, physical health care, social services, and the other systems they are involved in.

CCBHCs must provide nine types of services, either directly or by contracting with partner organizations, with an emphasis on providing 24-hour crisis care, evidence-based practices, care coordination with local primary care and hospital partners, and integration with physical health care.

Applicant Eligibility

To be eligible to become a CCBHC, an agency must be one of the following:

- A non-profit organization, exempt from tax under Section 501(c)(3) of the United States Internal Revenue Code.

- Part of a local government behavioral health authority.

- 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.).

- 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.).

And meet the following requirements, at a minimum:

1. Be an enrolled KY Medicaid provider in good standing.
2. Currently licensed to provide comprehensive behavioral health and licensed drug and alcohol addiction treatment services.
3. Have the ability to serve adults with serious mental illness (SMI), children with serious emotional disturbance (SED) and persons with substance use disorder.
4. Have the ability to provide directly, or through a DCO, 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 and veterans living 40 miles or more (driving distance) from a VA medical facility, or as otherwise required by federal law.
5. Have the mechanisms in place to ensure the provision of comprehensive primary care screening and monitoring services.
6. Have the capacity to serve all individuals, across the lifespan, regardless of age, housing status, financial circumstances or where they live.
7. Demonstrate the ability to be able to meet all CCBHC certification criteria, including the ability to collect and report data related to the required quality measures as well as requirements related to Crisis Stabilization and Mobile Crisis response.
8. Be accredited by a national accrediting organization.
9. In addition, applicants may be required to meet optional criteria at the state's discretion.

A CCBHC may offer services in multiple locations, however each location site must be informed by the Community Needs Assessment and approved by the state.

No CCBHC payments will be made for inpatient care, residential treatment, room and board expenses, any other non-ambulatory services, or to satellite facilities that were established after April 1, 2014.

Submission Requirements
Applicants are required to complete and submit the following documentation for consideration:

- The KY DMS CCBHC Application
- CCBHC Grant award letter or Denial Letter with full grant application
- The KY CCBHC Readiness Assessment
- KY CCBHC Cost Report Training Attestation
- CCBHC Quality Measures Training Attestation

Submit Applications to: CCBHC@ky.gov
Documents must be complete in their entirety and include all required attachments. Incomplete applications may be subject to rejection.

KY DMS CCBHC APPLICATION

Agency Information	
Agency Name	
Primary Address	
Primary Phone	
CEO Name	
CEO Email	
Current Medicaid Provider IDs	
List all current Medicaid provider types (e.g. PT30-CMHC, PT33 SCL, etc)	
National Provider Identifier (10-digit NPI) Number	
CCBHC Primary Contact Information	
Name	
Title/Role within Agency	
Email Address	
Phone	

Eligibility	
Please place an "X" next to the appropriate agency designation below.	
	A non-profit organization, exempt from tax under Section 501(c)(3) of the United States Internal Revenue Code
	Part of a local government behavioral health authority
	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.)
	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.)
	None of the above

SAMHSA Grant Funding	
If your agency has currently, or previously, been awarded SAMHSA CCBHC grant funding, please place an "X" next to the type of grant funding below. **Please submit grant award letter with this application. For agencies that applied and were denied CCBHC grant funding, denial letter and <u>full grant application</u> must be submitted with this application.	
	CCBHC Expansion Grant
	CCBHC Planning, Development and Implementation Grant
	CCBHC Improvement and Advancement Grant
	CCBHC Grant applied for with no funding awarded
	Have not applied for any CCBHC grant funding

Accreditation	
If your agency is currently accredited by a national organization, please place an "X" next to the type of accreditation awarded below.	
	Joint Commission
	Commission on Accreditation of Rehabilitation Facilities (CARF)
	Council on Accreditation
	Accreditation Association for Ambulatory Health Care (AAAHC)
	NCQA Recognition Program
Were CCBHC standards applied during your accreditation process? Place an "X" next to the appropriate response.	
	Yes
	No

Service/Catchment Area
CCBHCs must provide services in a defined service area approved by KY DMS.
*For purposes of the CCBHC demonstration, the defined service area for CMHCs is their currently recognized CMHC regional service area.
Please list below the counties as well as service site addresses where CCBHC services propose to be provided below. (e.g. County Name-Location Address)

Community Needs Assessment	
A requirement of the Demonstration is that you must conduct a Community Needs Assessment prior to certification as a CCBHC. In the last year, has your agency conducted a Community Needs Assessment that incorporates CCBHC criteria (updated March 2023)? Place an "X" next to the appropriate response below.	
	Yes, we have completed a Community Needs Assessment that incorporates CCBHC criteria (updated March 2023) within the last year from the date of this application.
	No, we have not completed a Community Needs Assessment in the last year.
Note: DMS will provide training and guidance on completion of a Community Needs Assessment to all selected applicants.*	

Persons Served			
Currently, on average, how many unduplicated persons receive outpatient services from your agency annually? Provide total number below.			
How many adults?		How many children?	

* If your agency completed a Community Needs Assessment (CNA) within 1 (one) year prior to the date of this application, please submit the CNA with this application for review. If the submitted CNA does not meet Kentucky-specific requirements, you may be required to update the CNA during your initial certification period using the Kentucky Community Needs Assessment template. Please refer to the CNA training resources on the KY CCBHC website for additional CNA information.

Service Populations	
Does your agency currently provide services to the following populations? Place an "X" next to appropriate response.	
	Uninsured
	Medicaid
	Medicare
	Private Insurance
	Members of the Armed Forces or Veterans
Please indicate below the populations of primary focus currently served by your agency. Place an "X" next to the appropriate response(s) below. Select all that apply.	
	Adults with serious mental illness (SMI)
	Children with serious emotional disturbance (SED)
	Individuals with substance use disorder (SUD)
	Members of the armed forces or veterans
	Incarcerated and/or justice involved individuals
	Other – Please describe below

Narcotic Treatment Program	
Does your agency currently operate a Narcotic Treatment Program (NTP)?	
	Yes
	No
If "No," where does your agency refer those who desire Methadone treatment? Please provide response in the box below.	

CCBHC Implementation	
What is your agency's current status with implementing the CCBHC model (based on CCBHC Criteria updated March 2023)? Place an "X" next to the appropriate response.	
	Not Implemented
	Partially Implemented
	Fully Implemented

CCBHC Services by Population			
Select the population and service types your organization directly provides. Place an "X" next to the appropriate response. (Select all that apply)			
Services	Adults (18+)	Adolescents (13-18)	Children (0-13)
24-hour mobile crisis teams			
Emergency crisis intervention services			
Crisis stabilization			
Treatment Planning			
Screening, Assessment, Diagnosis & Risk Assessment			
Outpatient Mental Health			

Substance Use Services			
Targeted Case Management Services			
Psychiatric Rehabilitation Services			
Outpatient Primary Care Screening & Monitoring			
Peer Support & Counseling Services			
Mental Health Services for Armed Forces/Veterans			

Designated Collaborating Organizations (DCO)

Does your agency anticipate entering into DCO agreements with any organization(s) for the provision of any of the required CCBHC services included in CCBHC criteria?

	Yes, DCO agreements are anticipated for the provision of required CCBHC services. Please describe the services below where a DCO agreement is anticipated.
	No, DCO agreements are not anticipated.

Evidence Based Practices (EBPs)

What evidence-based services and supports does your agency currently provide? Place an "X" next to all that apply.

	Assertive Community Treatment [ACT]		Integrated Treatment for Co-Occurring Disorders [MH/SUD]
	Illness Management & Recovery [IMR]		Coordinated Specialty Care for First Episode Psychosis [CSC]
	Peer Support [PS]		Permanent Supportive Housing [PSH]
	Targeted Case Management [TCM]		IPS Supported Employment [IPSSE]
	Wellness Recovery Action Plan [WRAP]		Person-Centered Recovery Planning [PCRP]
	Consumer Operated Service Programs		Medication Management
	Screening, Brief intervention and Referral to Treatment [SBIRT]		High Fidelity Wraparound
	Family Psychoeducation		Nurturing Parenting Programs [NPPs]
	Integrated Dual Disorder Treatment		Psychological First Aid

Hours of Operation

Does your agency currently offer services outside of normal business hours, including some evening and weekend hours?

	Yes
	No

Telehealth Services

Does your agency currently provide services via telehealth?

	Yes

	No – Please describe below the reason telehealth services are not available.

Community-based services	
Does your agency currently provide services outside of the clinic walls (non-traditional locations such as consumer homes, homeless shelters or other community locations)?	
	Yes
	No

Care Coordination	
Care Coordination is the "linchpin" of the CCBHC demonstration. Care Coordination is an activity to be integrated throughout agency activities and processes. Does your agency understand the CCBHC requirements for Care Coordination?	
	Yes
	No
Does your agency understand the CCBHC requirements for formal, signed Care Coordination partnership agreements with specific behavioral health and physical health care providers? Specifically, that the partnerships should be supported by a formal, signed agreement detailing the roles of each party and if the partnering entity is unable to enter into a formal agreement, the CCBHC may work with the partner to develop unsigned joint protocols that describe procedures for working together and roles in care coordination.	
	Yes
	No

Quality Measures	
Section 223 Demonstration CCBHCs must collect and report the Clinic-Collected quality measures identified as required in CCBHC criteria, Appendix B. Quality measures to be reported for the Section 223 Demonstration program may relate to services individuals receive through DCOs. It is the responsibility of the CCBHC to arrange for access to such data as legally permissible upon creation of the relationship with DCOs. CCBHCs should ensure that consent is obtained and documented as appropriate, and that releases of information are obtained for each affected person. For Clinic-Collected quality measures, reporting is required for all people receiving CCBHC services. Please place an "X" in the box below to confirm your understanding of the above requirements.	
	Understanding of the above information related to the collection and report of quality measures data is acknowledged.
As part of the CCBHC Demonstration, Kentucky requires CCBHC Providers to transmit regular data submissions to DMS for monitoring and calculation of the required quality measures. Please place an "X" in the box below to confirm your understanding of the above requirements.	
	Understanding of the above information related to the transmission of quality measures data is acknowledged.
Electronic Health Record (EHR)	
CCBHC criteria 3.b.1 directs the following: The CCBHC uses technology that has been certified to current criteria under the ONC Health IT	

Certification Program for the following required core set of certified health IT Capabilities that align with key clinical practice and care delivery requirements for CCBHCs:

> **3.b.1** Capture health information, including demographic information such as race, ethnicity, preferred language, sexual and gender identity, and disability status (as feasible).
>
> **3.b.2** At a minimum, support care coordination by sending and receiving summary of care records.
>
> **3.b.3** Provide people receiving services with timely electronic access to view, download, or transmit their health information or to access their health information via an API using a personal health app of their choice.
>
> **3.b.4** Provide evidence-based clinical decision support.
>
> **3.b.5** Conduct electronic prescribing.

Does your agency's EHR system use technology that has been certified to current criteria under the ONC Health IT Certification Program as outlined above?

	Yes
	No

CCBHCs are not required to have all these capabilities in place when certified but should plan to adopt and use technology meeting these requirements over time.

If "No" was chosen above, please provide your plan, including timeline for completion, for adoption of technology meeting ONC Health IT Certification requirements in the box below.

What is the name of your agency's current electronic health records (EHR) vendor? Please provide this information in the box below.

Does your agency use your EHR system to share information electronically with other involved providers (with client consent)?

	Yes
	No

Does your agency's EHR system have electronic prescribing capabilities?

	Yes
	No

Governance
CCBHC governance must be informed by representatives of the individuals being served by the CCBHC and will incorporate meaningful participation from individuals with lived experience of mental and/or substance use disorders and their families. (See CCBHC criteria 6.b.1.) CCBHCs reflect substantial participation by one of two options at directed by CCBHC criteria 6.b.1.. Please review CCBHC criteria 6.b.1 and confirm your agency's method of ensuring compliance with board governance requirements below.

	Option 1
	Option 2

National Evaluation
CCBHCs participating in the Section 223 Demonstration program will participate in discussions

	with the national evaluation team and participate in other evaluation-related data collection activities as requested. Please confirm your understanding of this requirement below.
	Yes, agency confirms understanding
	No, agency does not confirm understanding

Per SAMHSA CCBHC criteria: States may decertify CCBHCs if they fail to meet the criteria, if there are changes in the state CCBHC program, or for other reasons identified by the state.

By signature below, I attest that the information provided in this application is true to the best of my knowledge.

Authorized Signature	
Printed Name	
Authorized Signer Title	
Date of Signature	