



CABINET FOR HEALTH
AND FAMILY SERVICES

Certified Community Behavioral Health Clinics

Program Requirement 1A: *General Staffing Requirements*
and

Program Requirement 2A: *General Requirements of Access and Availability*



Presented by  MYERS AND STAUFFER^{LLC}

Documentation Source

The following slides include the most recently published information provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) at the time of this presentation.

Certified Community Behavioral Health Clinic (CCBHC) Certification Criteria – Updated March 2023:

<https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf>

SAMHSA State Questions and Clarifications:

https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-state-questions-clarifications.pdf



Disclaimer

- Clinics applying for certification as a Kentucky CCBHC must be knowledgeable of and compliant with SAMHSA CCBHC criteria. The following training information contains an overview of state expectations related to specific SAMHSA CCBHC criteria.
- Please note, the following slides contain a summary of the SAMHSA 2023 CCBHC criteria. Clinics should refer to the most recent CCBHC criteria for the most up to date information from SAMHSA.





Training Objective:

To assist potential CCBHC providers with meeting requirements as included in SAMHSA CCBHC Criteria 1.A General Staffing Requirements and 2.A General Requirements of Access and Availability



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Program Requirement 1: General Staffing Requirements



Staffing

Substance Abuse and Mental Health Services Administration (SAMHSA) requires CCBHCs to provide a wide range of coordinated, integrated, and comprehensive services to all persons with any mental illness or substance use disorder. CCBHC staffing must include Medicaid-enrolled providers who can adequately address the needs of the consumer population served. Staffing must include credentialed, certified, and licensed professionals with experience and training on:

- Person-Centered Care
- Family-Centered Care
- Trauma-Informed Care
- Cultural Competency
- Recovery-Oriented Care



1.A General Staffing Requirements

As part of the CCBHC certification process, a clinic must complete a community needs assessment (CNA) and staffing plan. The staffing plan should be informed by the CNA and be responsive to the needs identified. The CNA and staffing plan are required to be reviewed and updated regularly, but no less than **every three years**.

The CCBHC must ensure that their staffing levels and composition (both clinical and non-clinical) are appropriate for the population and for the types of services the CCBHC is required and/or proposes to provide.

The Chief Executive Officer (CEO) of each CCBHC must ensure that the clinic retains a fully staffed management team appropriate for the size and needs of the clinic. At a minimum, the management team must include a CEO or equivalent/Project Director and a psychiatrist as Medical Director. The Medical Director need not be a full-time employee of the CCBHC.

The CCBHC must also maintain liability/malpractice insurance adequate for the staffing and scope of services provided.



1.B Licensure and Credentialing of Providers

CCBHC providers who furnish services directly, or through any Designated Collaborating Organization (DCO) arrangement, must be legally authorized in accordance with federal, state, and local laws. Service provision must be within the scope of their respective state licenses, certifications, or registrations and in accordance with all applicable laws and regulations. This includes applicable state Medicaid billing regulations or policies. CCBHC providers must have and maintain all necessary state-required licenses, certifications, or other credentialing. The CCBHC must ensure that appropriate supervision is provided to any staff working towards licensure.

The CCBHC staffing plan must meet the requirements of the state behavioral health authority, as well as any accreditation standards required by the state. The **staffing plan is informed by the community needs assessment** and includes

- Clinical,
- Peer, and
- Other staff.

In accordance with the staffing plan, the CCBHC **maintains a core workforce** comprised of employed and contracted staff. Staffing shall be appropriate to address the needs of people receiving services at the CCBHC, as reflected in their treatment plans, and as required to meet program requirements of these criteria.



1.B Licensure and Credentialing of Providers Cont.

As required by the state, CCBHC staff disciplines must include:

- A medically trained behavioral health care provider who can prescribe and manage medications independently under state law, including buprenorphine and other medications used to treat opioid and alcohol use disorders;
- Staff who are credentialed substance abuse specialists, 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) and those with substance use disorders.

Examples of staff include a combination of the following:

Certified Trained Family Peer Specialists	Certified Trained Peer Specialist(s) – Recovery Coaches	Community Health Workers	Licensed Addiction Counselors	Licensed Independent Clinical Social Workers
Licensed Marriage and Family Therapists	Licensed Mental Health Counselors	Licensed Occupational Therapists	Medical Assistants	Nurses
Staff trained to Provide Case Management	Licensed Psychologists	Psychiatrists (including general adult psychiatrists & subspecialists)		

Recognizing professional shortages exist, some services may be provided by contract or part-time staff as needed. For CCBHCs with multiple sites, providers may be shared among clinics. Telehealth/ telemedicine and on-line services can be utilized to alleviate shortages.



1.C Cultural Competency and Other Training

CCBHCs must have a training plan for employed and contract staff who have direct contact with people receiving services or their families. The training plan must satisfy requirements of the state behavioral health authority and any accreditation standards on training required by the state. Training may be provided in person or on-line and must align with the **National Standards for Culturally and Linguistically Appropriate Services (CLAS)**.

At orientation and at reasonable intervals thereafter, the CCBHC must provide training on:

- Care for co-occurring mental health and substance use disorders
- Clinic's policy & procedures for continuity of operations/disasters
- Clinic's policy & procedures for integration and coordination with primary care
- Cultural competency
- Evidence-based practices
- Person-centered and family-centered, recovery-oriented planning and services
- Trauma-informed care
- Military Culture

During orientation and annually thereafter, training must be provided on:

- Suicide and overdose prevention and response
- Risk assessment
- Roles of families and peer staff



1.C Cultural Competency and Other Training

The CCBHC must regularly assess the skills of each employee providing services and provide in-service training and education when needed. Method(s) of skills assessment should be included in written policies and procedures. A written account of the in-service training provided to each employee during the previous 12 months should be maintained and available for review.

The CCBHC must:

- Maintain a written account of all in-service trainings provided to direct care service employees and maintain these records for the duration of a person's employment.
- Regularly assess the skills and competence of each individual furnishing services and, as necessary, provide in-service training and education programs.
- Have written policies and procedures describing the method(s) of assessing competency and maintain a written accounting of the in-service training provided during the previous 12 months.
- Document in the staff personnel records that the training and demonstration of competency are successfully completed.
- Ensure individuals providing staff training are appropriately qualified to provide the training.

CCBHC should provide ongoing coaching and supervision to ensure compliance with, or fidelity to evidence-based, evidence-informed, and promising practices.

1.D Linguistic Competence

The CCBHC must take reasonable steps to assist those individuals with Limited English Proficiency (LEP), or with language-based disabilities, with meaningful access to services.

Individuals with Limited English Proficiency (LEP) or language-based disabilities must be provided interpretation/translation services in an appropriate and timely manner.

Interpretation/translation services may include, but is not limited to, bilingual providers, onsite interpreters and/or language telephone lines. If interpreters are used, the CCBHC must ensure that service providers are trained to function in a medical and, preferably, a behavioral health setting.

Auxiliary aids and services must be readily available and compliant with the Americans With Disabilities Act and responsive to the needs of consumers with disabilities. Auxiliary aids may include but are not limited to sign language interpreters and teletypewriter (TTY) lines.

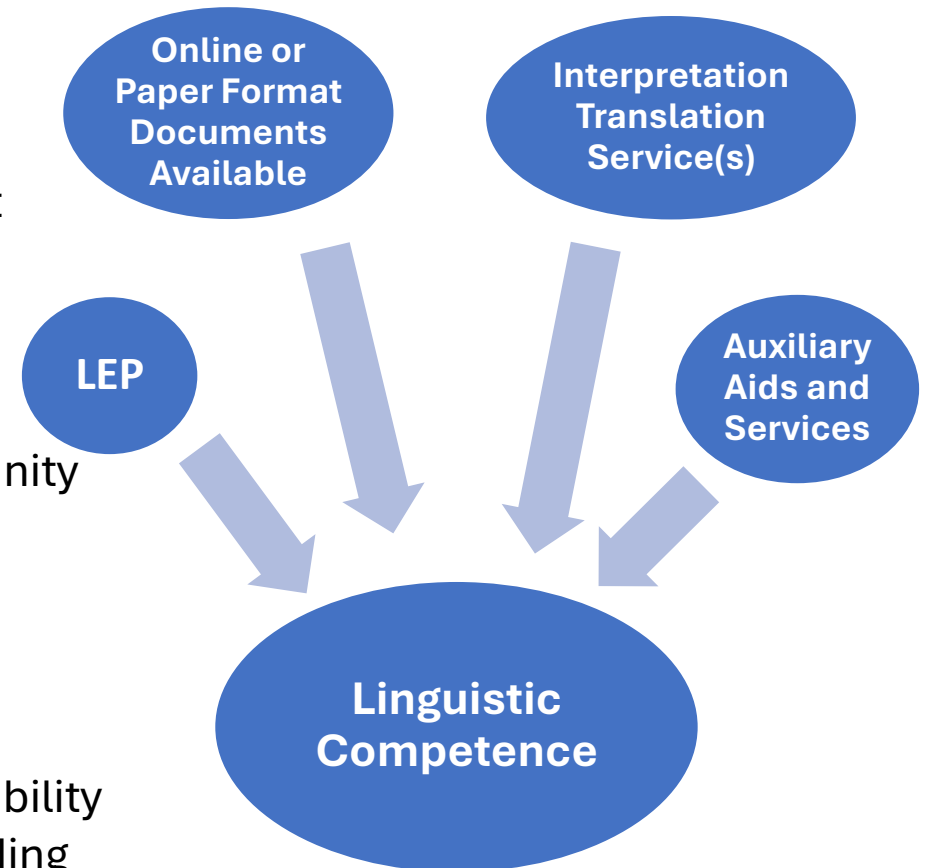


1.D Linguistic Competence Cont.

The CCBHC must ensure that documents or messages vital to a consumer's ability to access CCBHC services (including registration forms, sliding scale fee discount schedule, after-hours coverage, signage) are available online and in paper form and in languages commonly spoken in the community served, taking account of literacy levels and the need for alternative formats.

These materials must be provided in a timely manner at intake and readily available throughout the time a person is served by the CCBHC. The requisite languages will be informed by the community needs assessment prepared prior to certification.

The CCBHC's policies should include explicit provisions for ensuring all employees, affiliated providers, and interpreters understand and adhere to confidentiality and privacy requirements, including but not limited to the requirements of Health Insurance Portability and Accountability Act (HIPAA) and other federal and state laws, including patient privacy requirements specific to the care of minors.



Things to Consider:

- Does your CCBHC have a Psychiatrist on staff or as a Medical Director?
- Does the Medical Director have SUD experience?
- Does your CCBHC have a medically trained provider who can prescribe and manage medications (including buprenorphine and other FDA- approved medications) independently?
- Does your CCBHC have a comprehensive training plan for employees? Does the plan include the provision of ad-hoc training when needed?
- Is your CCBHC able to employ and retain adequate staff as informed by the Community Needs Assessment?





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Program Requirement 2: Access and Availability



Access and Availability of Services

Section 223 (a)(2)(B) of PAMA requires CCBHC criteria to include the following:

“Availability and accessibility of services, including: crisis management services that are available and accessible 24 hours a day, the use of a sliding scale for payment, and no rejection for services or limiting of services on the basis of a patient’s ability to pay or a place of residence.”

CCBHC will ensure services are accessible and available to individuals within their community by ensuring the following:

- Access at times and places convenient for those served
- Access regardless of ability to pay and place of residence
- Access to adequate crisis services
- Consumer choice in treatment planning and services
- Increased access through telehealth/telemedicine and mobile in-home supports
- Prompt intake and engagement in services
- Use of peer, recovery, and clinical supports
- Maintaining a working relationship with local EDs to facilitate care coordination, discharge and follow-up.



CCBHC services are subject to all state standards for the provision of both voluntary and court-ordered services.

2.A General Requirements of Access and Availability

- A CCBHC should have service locations that are safe, functional, clean, sanitary, and welcoming. CCBHCs are encouraged to operate tobacco-free campuses.
- Providing easy access to CCBHC services is key to ensuring people's engagement with services and supports. Outpatient clinical services should be available to the community during times and places that ensure accessibility and meet the needs of the population served by the CCBHC.
- The CCBHC must ensure that services are available outside of normal business days/hours and include some nights and weekend hours. Services should also be provided at locations that meet the needs of the community population to be served. People should be able to access services outside of the agency's "4 walls." Places where services could be provided include schools, social service agencies, partner organizations, community centers, or at a person's home if appropriate.
- The CCBHC should assist people with accessing needed services by providing transportation or transportation vouchers to the extent possible with relevant funding or programs to facilitate access to services which aligns with the person-centered and family-centered treatment plan.

2.A General Requirements of Access and Availability

The ability to access telehealth services can be useful for many people, including those with limited mobility, those living in rural areas, and family caregivers. Telehealth can help people get the care they need. CCBHCs should use telehealth/telemedicine, video conferencing, remote patient monitoring, asynchronous interventions, and other technologies to increase service accessibility. The provision of telehealth services should align with the preferences of the person receiving services.

Outreach and Engagement

A CCBHC must conduct outreach activities to engage those consumers who are difficult to find and engage. As informed by the community needs assessment, CCBHC conducts outreach and engagement activities to support inclusion and access for underserved individuals and populations.

Disaster Planning

Disasters occur every day and are occurring more frequently. A CCBHC must develop a comprehensive continuity of operations/disaster plan. The plan should ensure the CCBHC is able to effectively notify staff, people receiving services, healthcare and community partners when a disaster/emergency occurs, or services are disrupted. The plan should include identified alternative locations to access and provide service delivery (e.g., medication and health IT systems including health records) and include both security/ransomware protection and backup and access to IT systems in case of disaster.



2.B General Requirements for Timely Access to Services and Initial and Comprehensive Evaluation

At the time of first contact, all new patients (requesting or being referred for behavioral health services) must receive a preliminary triage and risk assessment to determine acuity of needs. This screening may occur telephonically.

- If the triage identifies an **emergency/crisis need**, appropriate action is taken immediately (see criteria 4.c.1 for crisis response timelines and detail about required services), including plans to reduce or remove risk of harm and to facilitate any necessary subsequent outpatient follow-up.
- If the triage identifies an **urgent need**, clinical services are provided, including an initial evaluation within one business day of the time of the request.
- If the triage identifies a **routine need**, services are provided and the initial evaluation completed within 10 business days.

For those presenting with emergency or urgent needs, the initial evaluation may be conducted telephonically or by telehealth/telemedicine, but an in-person evaluation is preferred. If the initial evaluation is conducted telephonically, once the emergency is resolved the consumer must be seen in person at the next subsequent encounter and the initial evaluation reviewed.



2.B General Requirements for Timely Access to Services and Initial and Comprehensive Evaluation Cont.

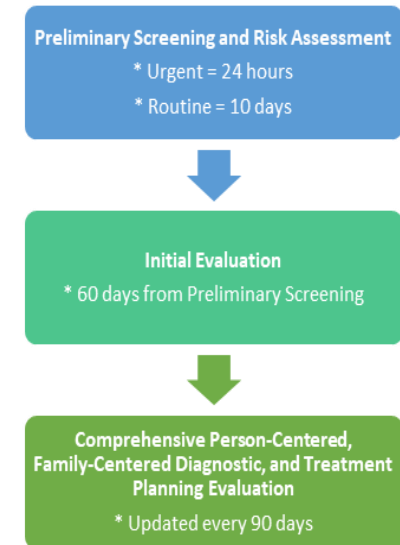
The preliminary triage and risk assessment will be followed by:

1. An initial evaluation and
2. A comprehensive evaluation, with the components of each specified in program requirement 4.

At the CCBHC's discretion, outside records may be reviewed with the person receiving services and incorporated into the CCBHC health records, to help fulfill this requirement.

Each evaluation must build upon what came before it. Subject to more stringent state, federal, or applicable accreditation standards all new people receiving services will receive a comprehensive evaluation to be completed **within 60 calendar days** of the first request for services.

If the state has established independent screening and assessment processes for certain child and youth populations or other populations, the CCBHC should establish partnerships to incorporate findings and avoid duplication of effort. This requirement does not preclude the initiation or completion of the comprehensive evaluation, or the provision of treatment during the 60-day period.



• **Note:** Requirements for these screenings and evaluations are specified in criteria 4.d.

2.B General Requirements for Timely Access to Services and Initial and Comprehensive Evaluation Cont.

Treatment Planning

Treatment planning provides a structured roadmap for patient care, ensuring that healthcare professionals and patients are working towards clearly defined goals, monitoring progress effectively, and making necessary adjustments to optimize treatment outcomes, all while keeping the patient's individual needs at the forefront.

CCBHC criteria directs that the person-centered and family-centered plan **must** be reviewed and updated as needed by the treatment team. Updates must be agreed to and endorsed by the person receiving services. The treatment plan will be updated:

- When changes occur with the status of the person receiving services;
- Based on responses to treatment or;
- When there are changes in treatment goals.

The treatment plan must be reviewed and updated no less frequently than **every 6 months** unless the state, federal, or applicable accreditation standards are more stringent.



2.B General Requirements for Timely Access to Services and Initial and Comprehensive Evaluation Cont.

- People who are already receiving services from the CCBHC who are seeking routine outpatient clinical services must be provided an appointment within **10 business days** of the request for an appointment, unless the state, federal, or applicable accreditation standards are more stringent.
- If a person receiving services presents with an emergency/crisis need, appropriate action is taken **immediately** based on the needs of the person receiving services, including immediate crisis response if necessary.
- If a person already receiving services presents with an urgent, non-emergency need, clinical services are generally provided within one business day of the time the request is made or at a later time if that is the preference of the person receiving services. Same-day and open access scheduling are encouraged.



2.C: Requirements for 24/7 Access to Crisis Management Services

**In accordance with the requirements of program requirement 4, the CCBHC provides crisis management services that are available and accessible 24-hours a day 7 days a week.*

- To ensure the comprehensive provision of a continuum of crisis prevention, response, and postvention services methods for provision are clearly described in the policies and procedures of the CCBHC. These policies and procedures are made available to the public.
- At the time of the initial evaluation meeting following the preliminary triage, people who are served by the CCBHC must be educated about crisis planning services, psychiatric advanced directives and how to access crisis services. This education includes information on 988 Suicide or Crisis Lifelines (by call, chat, or text) and other area hotlines and warmlines, and overdose prevention, if risk is indicated. Please see 3.a.4. for further information on crisis planning.
- The CCBHC should provide instructions on the appropriate methods for accessing services for individuals with LEP or disabilities in accordance with program requirement 1.d.



2.C: Requirements for 24/7 Access to Crisis Management Services Cont.

As directed by SAMHSA CCBHC Criteria (updated March 2023):

- In accordance with the requirements of program requirement 3, CCBHCs maintain a working relationship with local Emergency Departments (ED). Protocols are established for CCBHC staff to address the needs of CCBHC people receiving services in psychiatric crisis who come to those EDs.
- Protocols, including protocols for the involvement of law enforcement, are in place to reduce delays for initiating services during and following a psychiatric crisis. Shared protocols are designed to maximize the delivery of recovery-oriented treatment and services. The protocols should minimize contact with law enforcement and the criminal justice system, while promoting individual and public safety, and complying with applicable state and local laws and regulations.

Note: See criterion 3.c.5 regarding specific care coordination requirements related to discharge from hospital or ED following a psychiatric crisis.

- Following a psychiatric emergency or crisis, in conjunction with the person receiving services, the CCBHC creates, maintains, and follows a crisis plan to prevent and de-escalate future crisis situations, with the goal of preventing future crises.

Note: See criterion 3.a.4 where precautionary crisis planning is addressed.



2.D: No Refusal of Services due to Inability to Pay

- The CCBHC must ensure that no individual is denied behavioral health care services, including but not limited to crisis services, because of their inability to pay. Any fees or payments required by the clinic for such services will be reduced or waived to enable the clinic to fulfill this assurance.
- To ensure transparency, the CCBHC will publish a sliding fee discount schedule(s) that includes all services the CCBHC proposes to offer pursuant to CCBHC criteria. The fee schedule will be posted to the CCBHC website, posted in the CCBHC waiting room and readily accessible to people and families. The sliding fee discount schedule should be available in languages/formats appropriate for individuals seeking services who have LEP, literacy barriers or disabilities.
- The CCBHC has written policies and procedures describing eligibility for and implementation of the sliding fee discount schedule. Those policies are applied equally to all individuals seeking services.

*The fee schedules, to the extent relevant, conform to state statutory or administrative requirements or to federal statutory or administrative requirements that may be applicable to existing clinics; absent applicable state or federal requirements, the schedule is based on locally prevailing rates or charges and includes reasonable costs of operation.

2.E: Requirements for Provision of Services Regardless of Residence

*** The CCBHC may not deny behavioral health care services, including but not limited to crisis management services, because of a person's place of residence or homelessness or lack of a permanent address.**

CCBHCs will have protocols addressing the needs of individuals who do not live close to a CCBHC service area. **CCBHCs are responsible for providing, at a minimum, crisis response, evaluation, and stabilization services regardless of place of residence.** The CCBHC's protocols must address individual's on-going treatment needs beyond that.

Protocols may provide for agreements with clinics in other localities, allowing CCBHCs to refer and track individuals seeking non-crisis services to the CCBHC or other clinics serving the consumer's county of residence. For individuals and families who live within the catchment area or within the service area but live a long distance from CCBHC clinic(s), consider use of technologies for telehealth/telemedicine, video conferencing, remote patient monitoring, asynchronous interventions, and other technologies in alignment with the preferences of the person receiving services, and to the extent practical.

- These criteria do not require the CCBHC to provide continuous services including telehealth to individuals who live outside of the CCBHC service area. Developing protocols for populations that may transition frequently in and out of the services area such as children who experience out-of-home placements and adults who are displaced by incarceration or housing instability are recommended.



Things to Consider:

- What processes are in place to ensure that timely access to services requirements are met within your agency?
- Does your agency conduct Outreach and Engagement activities to reach vulnerable populations?
- Does your operation/disaster plan ensure continuity of clinic operations? Access to patient's medications and health records? Off-site IT system backup?
- Does your policy reflect providing services regardless of ability to pay?
- Does your agency have the processes in place to provide 24/7 crisis management services?
- Do you have policies and procedures for the comprehensive provision of a continuum of crisis prevention, response, and postvention services? Are the methods for provision clearly described and the policies and procedures available to the public?



Additional Information

Kentucky DMS will be providing additional **technical assistance** to new CCBHC providers.

When your agency has completed all the **required trainings**, please fill out the attestation document (available on the CCBHC website) and email to ccbhc@ky.gov



QUESTIONS



For any additional questions, please contact:

CCBHC@ky.gov

