

<u>REVIEW CRITERIA</u>	YES	NO	IDENTIFIED DEFICIENCIES Chose all that apply
<u>Program Requirement 1: Staffing requirements, including criteria that staff have diverse disciplinary backgrounds, have necessary State required license and accreditation, and are culturally and linguistically trained to serve the needs of the clinic’s patient population.</u>			<p>A. Response not consistent with RFA requirements</p> <p>B. Current practice or proposed plan is not reasonable/feasible.</p> <p>C. Other: (specify)</p>
Criteria 1.A: General Staffing Requirements			
Criteria 1.B: Licensure and Credentialing of Providers including physicians who are credentialed to provide Medication Assisted Treatment, clinicians credentialed as substance use providers and Board Certified Child Psychiatrists.			
Criteria 1.C: Cultural Competence and Other Training			
Criteria 1.D: Linguistic Competence			
<u>Program Requirement 2: Availability and Accessibility of Services:</u> 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 services on the basis of a patient’s ability to pay or a place of residence.			<p>A. Response not consistent with RFA requirements.</p> <p>B. Current practice or proposed plan is not reasonable/feasible</p> <p>C. Other: (specify)</p>
Criteria 2.A: General Requirements of Access and Availability			
Criteria 2.B: Requirements for Timely Access to Services and Initial Comprehensive Evaluation for New Consumers <ul style="list-style-type: none"> • First contact includes preliminary screening and risk assessment • Preliminary screening followed by initial evaluation – comprehensive person-centered and family-centered • Emergency/Crisis Need – initial evaluation immediate 			

<ul style="list-style-type: none"> • Urgent – initial evaluation completed within 1 business day • Routine – Initial evaluation within 10 business days 			
<p>Criteria 2.C: Access to Crisis Management Services</p>			
<p>Criteria 2.D: No Refusal of Services Due to Inability to Pay</p>			
<p>Criteria 2.E: Provision of Services Regardless of Residence</p>			
<p><u>Program Requirement 3: Care Coordination:</u> Requirements to coordinate care across settings and providers to ensure seamless transitions for patients across the full spectrum of health services, including acute, chronic, and behavioral health needs. Care Coordination requirements shall include partnerships or formal contracts with the following:</p> <ul style="list-style-type: none"> • FQHCs • Pediatric Practices • Inpatient Psychiatric facilities and substance use detoxification, post-detoxification step-down services and residential programs • Other community or regional services, supports, and providers, including schools, child welfare agencies, and juvenile and criminal justice agencies and facilities, Indian health Service youth regional treatment clinics, State licensed and nationally accredited child placing agencies for therapeutic foster care service, and other social and human services. • Dept. of Veterans Affairs medical clinics, independent outpatient clinics, drop-in 			<ul style="list-style-type: none"> A. Response not consistent with RFA requirements. B. Plan to meet requirement is not reasonable/feasible. C. Other: (specify)

clinics, and other facilities of the Department. <ul style="list-style-type: none"> • Inpatient acute care hospitals and hospital outpatient clinics 			
Criterion 3.A: General Requirements of Care Coordination			
Criteria 3.B: Care Coordination and Other Health Information Systems			
Criteria 3.C: Care Coordination Agreements			
Criteria 3.D: Treatment Team, Treatment Planning and Care Coordination Activities			

<p><u>Program Requirement 4: Scope of Services:</u> Provision (in a manner reflecting culturally competent person and/or family center care) of the following services which, if not available directly through the CCBHC, are provided or referred through formal relationships with other providers (DCOs):</p> <ul style="list-style-type: none"> • Crisis mental health services • Screening, assessment and diagnosis, including risk assessment • Patient-centered treatment planning or similar processes, including risk assessment and crisis planning • Outpatient mental health and substance use services • Outpatient clinic primary care screening and monitoring of key health indicators and health risk • Targeted Case Management • Psychiatric rehabilitation services • Peer support and counselor services and family supports • Intensive, community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas 			<p>A. Response not consistent with RFA requirements. B. Plan to meet requirement is not reasonable/feasible. C. Other: (specify)</p>
Criteria 4.A: General Service Provisions			
Criteria 4.B: Requirement of Person-Centered and Family-Centered Care			
Criteria 4.C: Crisis Behavioral Health Services			
Criteria 4.D: Screening, Assessment, and Diagnosis			
Criteria 4.E: Person-Centered and Family-Centered Treatment Planning			
Criteria 4.F: Outpatient Mental Health and Substance Use Services			

Criteria 4.G: Outpatient Clinic Primary Care Screening and Monitoring			
Criteria 4.H: Targeted Case Management Services			
Criteria 4.I: Psychiatric Rehabilitation Services			
Criteria 4.J: Peer Supports, Peer Counseling and Family/Caregiver Supports			
Criteria 4.K: Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans			
<u>Program Requirement 5: Quality and Other Reporting: Reporting of encounter data, clinical outcomes data, quality data, and such other data as the Secretary requires</u>			A. Response not consistent with RFA requirements. B. Plan to meet requirement is not reasonable/feasible. C. Other: (specify)
Criteria 5.A: Data Collection, Reporting and Tracking <ul style="list-style-type: none"> • Collect, report and track encounter, outcome, and quality data, including but not limited to: consumer characteristics; staffing; access to services; use of services; screening, prevention and treatment; care coordination; other processes of care; costs; and consumer outcomes. • Responsibility of CCBHC to arrange for access to any data from DCOs and to ensure adequate consent as appropriate • Ability to upload data to DCF's PIE system and/or DMHAS' DDAP system. 			
Criteria 5.B: Continuous Quality Improvement (CQI) Plan			
Program Requirement 6: Organizational Authority, Governance and Accreditation: Criteria that a clinic be a nonprofit or part of a local			A. Response not consistent with RFA requirements. B. Plan to meet requirement is not reasonable/feasible.

government behavioral health authority or operated under the authority of the Indian Health Service, an Indian Tribe, or Tribal Organization			C. Other: (specify)
Criteria 6.A: General Requirements of Organizational Authority and Finances			
Criteria 6.B: Governance – Incorporate meaningful participation on the board by adult consumers with mental illness, adults recovering from substance use disorders, and family members of CCBHC consumers			
Criteria 6.C: Accreditation			
Sum Total			