

Subject: CCBHC Participant Enrollment

Requirements

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1. **Programs Affected:** All CCBHC Demonstration participants.
2. **Background and Purpose:** Agencies designated by the Alabama Department of Mental Health (ADMH) as Certified Community Behavioral Health Clinics (CCBHCs) are responsible for promoting access to all 9 required CCBHC services CCBHCs must provide services to anyone seeking help for a mental health or substance use condition, regardless of their place of residence, ability to pay, or age. This includes any individual with a mental or substance use disorder who seeks care, including those with serious mental illness (SMI); substance use disorder (SUD) including opioid use disorder and severe SUD; children and adolescents with serious emotional disturbance (SED); individuals with co-occurring mental and substance disorders (COD); and individuals experiencing a mental health or substance use-related crisis.

3. **Scope of Clinical Treatment Requirements**

The following guidelines are based on the 2023 CCBHC Certification Requirements¹ and the CCBHC Compliance Checklist.²

- 3.1. The CCBHC ensures that no individuals are denied CCBHC services because of an individual's inability to pay for such services.
- 3.2. The CCBHC reduces or waives any fees or payments required by the clinic for such services to enable the clinic to fulfill the assurance described in clause.
- 3.3. The CCBHC ensures no individual is denied CCBHC services because of place of residence, homelessness, or lack of a permanent address.
- 3.4. The CCBHC has protocols addressing the needs of individuals who do not live close to the CCBHC or within the CCBHC service area. The CCBHC is responsible for providing, at a minimum, crisis response, evaluation, and stabilization services in the CCBHC service area regardless of an individual's place of residence. The required protocols should address management of the individual's on-going treatment needs beyond that (which may include referral agreements with clinics in other localities).
- 3.5. The CCBHC directly, or through a DCO, provides screening, assessment, and diagnosis, including risk assessment for behavioral health conditions.
- 3.6. All individuals served by the CCBHC are engaged in an initial evaluation that includes at minimum:
 - Preliminary diagnoses
 - The source of referral
 - The reason for seeking care, as stated by the person receiving services or other individuals who are significantly involved

¹ <https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf>

² <https://www.samhsa.gov/sites/default/files/ccbhc-compliance-checklist.pdf>

Certified Community Behavioral Health Clinic Policy Bulletin: CCBHC Participant Enrollment

- Identification of the immediate clinical care needs related to the diagnosis for mental and substance use disorders of the person receiving services
- A list of all current prescriptions and over-the-counter medications, herbal remedies, and dietary supplements and the indication for any medications
- A summary of previous mental health and substance use disorder treatments with a focus on which treatments helped and were not helpful
- The use of any alcohol and/or other drugs the person receiving services may be taking and indication for any current medications
- An assessment of whether the person receiving services is a risk to self or to others, including suicide risk factors
- An assessment of whether the person receiving services has other concerns for their safety, such as intimate partner violence
- Assessment of need for medical care (with referral and follow-up as required)
- A determination of whether the person presently is, or ever has been, a member of the U.S. Armed Services
- For children and youth, whether they have system involvement (such as child welfare and juvenile justice)

3.7. For all new people receiving services:

- If the triage identifies an *urgent* need, clinical services are provided, including an initial evaluation within *one* business day of the time the request is made.
- If the triage identifies *routine* needs, services will be provided, and the initial evaluation completed within *10* business days.

3.8. A comprehensive evaluation is required for all people receiving CCBHC services. All new people receiving services will receive a comprehensive evaluation to be completed within 60 calendar days of the first request for services. The evaluation shall include:

- Reasons for seeking services at the CCBHC, including information regarding onset of symptoms, severity of symptoms, and circumstances leading to the presentation to the CCBHC of the person receiving services.
- An overview of relevant social supports; social determinants of health; and health-related social needs such as housing, vocational, and educational status; family/caregiver and social support; legal issues; and insurance status.
- A description of cultural and environmental factors that may affect the treatment plan of the person receiving services, including the need for linguistic services or supports for people with LEP.
- Pregnancy and/or parenting status.
- Behavioral health history, including trauma history and previous therapeutic interventions and hospitalizations with a focus on what was helpful and what was not helpful in past treatments.
- Relevant medical history and major health conditions that impact current psychological status.
- A medication list including prescriptions, over-the-counter medications, herbal remedies, dietary supplements, and other treatments or medications of the person receiving services. Include those identified in a Prescription Drug Monitoring Program (PDMP) that could affect their clinical presentation and/or pharmacotherapy, as well as information on allergies including medication allergies.

Certified Community Behavioral Health Clinic Policy Bulletin: CCBHC Participant Enrollment

- An examination that includes current mental status, mental health (including depression screening, and other tools that may be used in ongoing measurement-based care) and substance use disorders (including tobacco, alcohol, and other drugs)
- Basic cognitive screening for cognitive impairment.
- Assessment of imminent risk, including suicide risk, withdrawal and overdose risk, danger to self or others, urgent or critical medical conditions, and other immediate risks including threats from another person.
- The strengths, goals, preferences, and other factors to be considered in treatment and recovery planning of the person receiving services.
- Assessment of the need for other services required by the statute (i.e., peer and family/caregiver support services, targeted case management, psychiatric rehabilitation services).
- Assessment of any relevant social service needs of the person receiving services, with necessary referrals made to social services. For children and youth receiving services, assessment of systems involvement such as child welfare and juvenile justice and referral to child welfare agencies as appropriate.
- An assessment of need for a physical exam or further evaluation by appropriate health care professionals, including the primary care provider (with appropriate referral and follow-up) of the person receiving services.
- The preferences of the person receiving services regarding the use technologies such as telehealth/telemedicine, video conferencing, remote patient monitoring, and asynchronous interventions.

3.9. The CCBHC uses the initial evaluation, comprehensive evaluation, and ongoing screening and assessment of each person receiving services to inform the treatment plan and services provided.

4. ADMH Participant Enrollment Requirements

4.1. Any individual with a mental health or substance use disorder diagnosis is eligible to receive CCBHC services. Eligible CCBHC recipients should be identified by the CCBHC using a multifaceted outreach and engagement approach for both Medicaid and non-Medicaid beneficiaries.

4.1.1. *Note:* Co-enrollment between CCBHCs and/or CMHCs should not occur. Programs should contact ADMH when issues with potential co-enrollment arise.

4.2. ADMH requires that all individuals who are provided one or more of the nine required CCBHC services at an approved CCBHC site location be enrolled in the CCBHC program through the above initial and comprehensive evaluation processes referenced in sections 3.6-3.8.

4.3. For individuals who were already engaged in CMHC services at the time of CCBHC certification, CMHCs will have 90 days from the date of CCBHC certification or release of this bulletin, whichever is greater, to gather and document updated assessment information from each individual served (to assure all of the required initial and comprehensive evaluation information is collected in alignment with the CCBHC criteria) and engage the individual to update their Treatment Plan to include all CCBHC services that are appropriate based on their needs and preferences.

4.3.1. *Note:* Special consideration should be given to promoting access to the full range of CCBHC services for all individuals served (e.g., If an agency has built capacity to provide

primary care screening and monitoring services as part of becoming a CCBHC), as part of this process they should assess each of their current individuals' need for this service and add it to their Treatment Plans when a need is identified. CCBHCs should educate everyone being served about the full breadth of services available within the CCBHC, to assist individuals to make informed decisions about their integrated care.

- 4.3.2. CCBHCs should also review each Treatment Plan to assure that it meets all requirements outlined in the SAMHSA CCBHC Criteria Section 4.E here: <https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf>, as well as the Person Centered-Planning Policy Bulletin (DY-1/Clinical-24-12)
- 4.3.3. During site visits and audit reviews, ADMH will randomly select individuals receiving CCBHC services' charts to assure that all individuals are enrolled in the CCBHC using the above initial and comprehensive evaluation processes. While providers can begin billing the PPS-1 daily rate for CCBHC services provided to individuals who were previously served under their CMHC designation on the first date of CCBHC operations (once certification is received from ADMH), the state retains the right to withhold funds should ADMH identify that the steps outlined in this Policy Bulletin have not been completed within the specified timeline. A checklist has been provided in [Addendum 1](#) to support CCBHCs with these processes.

4.4. For individuals whose first CCBHC service received is a crisis stabilization service provided by the CCBHC, the crisis service is a CCBHC covered service upon crisis assessment (which will include a screening and risk assessment). Following the resolution of the crisis situation, the CCBHC must make a determination to either enroll the individual in the CCBHC for longer term care (in which case they should be engaged in the initial and comprehensive evaluation processes referenced in sections 3.6-3.8 in order to enroll them in the CCBHC program) or connect them to another level of care (e.g., if the acuity of their needs warrants more intensive services, such as those provided by a residential or hospital provider).

Addendum 1: Provider Checklist for Enrolling an Existing Consumer into the CCBHC

As described in the CCBHC Participant Enrollment Bulletin (DY-1/Clinical-24-26), CCBHCs must take specific steps to enroll individuals into the CCBHC program (which will allow a CCBHC to bill the PPS-1 daily rate for services provided).

The intent of this guidance is not to place undue burden on individuals or providers, but rather to assure compliance with the CCBHC requirements (which are distinct from Alabama's CMHC regulations) and support access to the nine required CCBHC services for all individuals being served.

Within 90 days from the date of the agency's certification as a CCBHC or within 90 days from the release of the CCBHC Participant Enrollment Bulletin (DY-1/Clinical-24-26) whichever is greater, the CCBHC must do the following related to all individuals who were previously served by them as a CMHC and will continue receiving services from the agency as a CCBHC:

- Engage each individual to update their assessments, assuring that information about each required component of the initial and comprehensive evaluations is collected.
- Document all newly collected assessment information in the agency's Electronic Health Record.
- Educate each individual about the expanded services offered by the agency as a CCBHC.
- Document the fact that this education was provided in the agency's Electronic Health Record.

Certified Community Behavioral Health Clinic Policy Bulletin: CCBHC Participant Enrollment

- Engage each individual to update their Treatment Plan to include any additional CCBHC services (and recovery goals related to these services) that are appropriate based on their needs and preferences.
- Assure each individual's Treatment Plan meets all requirements of the SAMHSA CCBHC Criteria Section 4.E here: <https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf> and those outlined in the Person Centered-Planning Policy Bulletin (DY-1/Clinical-24-12).
- Document all Treatment Plan updates (or the fact that the Treatment Plan was reviewed, and no updates were needed based on the individual's needs/preferences).

Disclaimer: The information contained in this implementation bulletin is for general information purposes only. For more details on the specific subject area covered in this bulletin, please refer to the Certified Community Behavioral Health Clinic (CCBHC) Certification Updated March 2023.

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