

ADMH CCBHC Provider Certification Application

The Alabama Department of Mental Health (ADMH) Certified Community Behavioral Health Clinic (CCBHC) Certification Application is designed to offer Certified 310 Community Mental Health Center providers an opportunity to attain CCBHC designation which fulfills all purposes, criteria, and CCBHC requirements in providing enhanced evidence-based practices and access to care for individuals seeking community-based, mental and substance use disorder services. Please utilize the CCBHC Certification Criteria (March 2023) to help complete this application and submit via the CCBHC Certification Portal (SharePoint).

Provider Name:	Address:	
Provider Tax ID Number:	City:	State:
Clinic Website:	Zip Code:	County:
County/Countries Served:	Executive Director:	
Are any of the county/counties served designated as rural and/or underserved area(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the county/counties: _____	Executive Director Phone Number:	
	Executive Director Email Address:	

The ADMH has identified the following priority subgroups in addition to the required populations identified in the Substance Abuse and Mental Health Services Administration (SAMHSA) CCBHC Criteria. Alabama CCBHCs must serve persons with Opioid Use Disorder, with emphasis on the African American population, Pregnant and Parenting Women (PPW), and Homeless individuals. Your needs assessment may reflect underserved or unserved populations that you may choose to serve alongside the ADMH and SAMHSA required populations. Please identify other populations of focus based on your current needs assessment (i.e., geriatric population). Please identify other populations of need: _____

CCBHC Program Requirements

An ADMH CCBHC designated provider must adhere to the following standardized CCBHC Program Requirements:

- Staffing • Availability and Accessibility of Services • Care Coordination • Scope of Services • Quality and Other Reporting
- Clinical Authority, Governance, and Accreditation

CCBHC Core Services

An ADMH CCBHC designated provider must render the following services (check DCO if the service will be provided by a DCO):

	DCO		DCO
Screening, Diagnosis & Assessment	<input type="checkbox"/>	Targeted Case Management	<input type="checkbox"/>
Outpatient Mental Health and Substance Use Services	<input type="checkbox"/>	Community Based Mental Health for Veterans	<input type="checkbox"/>
Person & Family Centered Treatment Planning	<input type="checkbox"/>	Peer, Family Support & Counselor Services	<input type="checkbox"/>
Crisis Services (24 Hour/Mobile, Crisis Intervention, Crisis Stabilization Services)	<input type="checkbox"/>	Psychiatric Rehabilitation Services Outpatient Primary Care Screening/Monitoring	<input type="checkbox"/>

ADMH CCBHC Attestation

I hereby attest to the provisions, criteria, standards, and requirements mandated by the CCBHC provider certification standards as governed by the Alabama Department of Mental Health (ADMH). I agree to substantially meet the CCBHC criteria and be ready to fully meet the certification criteria by the proposed date of state entry into the demonstration. All supporting documentation submitted to ADMH for the purpose(s) of CCBHC designated site(s) certification is true, accurate, and correct.

I understand that all sites under my jurisdiction designated as a CCBHC site is subject to ADMH CCBHC Certification Site Visits to determine my clinical adherence to ADMH CCBHC regulatory statutes and standards. Failure to maintain compliance will result in decertification from the ADMH CCBHC designation. I agree to submit the full certification provider enrollment application prior to the site visit to include **an updated needs assessment within 6 months of the provisional certification designation as required by ADMH.**

Executive Director Signature: _____ Date: _____

CCBHC Designated Collaborating Clinic (DCO) Partnerships

CCBHC sites are required to establish collaborative partnerships/contractual agreements with entities for CCBHC core services that are not directly provided by the provider agency.

Does your clinic have a contracted agreement with a DCO(s) to provide any required CCBHC Core Service? <i>(If you selected "no", SKIP this section and complete the remaining sections of the application.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Development
---	--

Does your clinic have policies and procedures to monitor the DCO(s) and ensure it is compliant with all CCBHC requirements for the contracted services provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Check services that your clinic provides via a current or pending DCO(s) contractual agreement:	DCOs Partner(s):
<input type="checkbox"/> Screening, Diagnosis & Assessment	
<input type="checkbox"/> Outpatient Mental Health and Substance Use Services	
<input type="checkbox"/> Person & Family Centered Treatment Planning	
<input type="checkbox"/> Crisis Services (24 Hour/Mobile, Crisis Intervention, Crisis Stabilization Services)	
<input type="checkbox"/> Peer, Family Support & Counselor Services	
<input type="checkbox"/> Psychiatric Rehabilitation Services	
<input type="checkbox"/> Outpatient Primary Care Screening/Monitoring	
<input type="checkbox"/> Community Based Mental Health for Veterans	
<input type="checkbox"/> Targeted Case Management	

Additional DCO Follow-up Questions

Are all DCO(s) appropriately licensed or certified by ADMH to perform the activities and procedures detailed within the provider agency's approved scope of services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all DCO(s) clinical staff appropriately licensed or certified to perform the activities and procedures detailed within the provider agency's approved scope of services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic have formal agreement(s) with a DCO(s) ensuring charges for clinic recipients served by the DCO are consistent with the sliding fee discount schedules?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic have agreement(s) with a DCO(s) requiring compliance with privacy and confidentiality requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic have a plan to improve care coordination between the clinic and all DCOs using a health IT system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the clinic plan include information on how the clinic can use the health IT system they have in place or are implementing for transitions of care to support electronic health information exchange to improve care transition to and from the clinic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic have agreement(s) with a DCO(s) for collection of data and quality measures following recipient consent for releases of information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic coordinate care and services with a DCO(s) in accordance with current treatment plans for clinic recipients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do clinic recipients have the freedom to choose providers with the DCO(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all clinic services which are supplied by a DCO(s) person- and family-centered, recovery-oriented care, respectful of the recipient's needs, preferences, and values, and ensures both recipient involvement and self-direction of services received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
With regards to the DCO services, does the grievance process satisfy the minimum requirements of Medicaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the formal agreements between your clinic and the DCO(s) make provision for the clinic recipients to have access to the clinic grievance procedures for clinic services provided by the DCO(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the formal agreements between your clinic and the DCO(s) make provision that clinic services provided by the DCO(s) are required to meet the same quality standard of care as the clinic?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional DCO Follow-up Questions (cont'd)	
Does the DCO(s) provide outpatient clinic primary care screening and monitoring of key health indicators and health risk for your clinic recipients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the DCO(s) provide high-quality evidence-based and other psychiatric rehabilitation services for your clinic recipients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the DCO(s) provide high-quality targeted case management services that will assist recipients in sustaining recovery and in gaining access to needed medical, social, legal, educational, and other services and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the DCO(s) provide intensive, community-based behavioral health care for members of the U.S. Armed Forces and veterans for your clinic?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CCBHC Staffing Requirements		
An ADMH CCBHC designated provider must maintain a fully staffed management team with required state licensure/certification as applicable. Select all staff disciplines listed in your staffing plan:		
Executive Director <input type="checkbox"/> REQUIRED	Licensed Practical Nurse <input type="checkbox"/>	Qualified Substance Use Professional <input type="checkbox"/>
Clinical Director <input type="checkbox"/> REQUIRED	Licensed Psychologist <input type="checkbox"/>	Certified Recovery Support Specialist <input type="checkbox"/>
Medical Director <input type="checkbox"/> REQUIRED	Licensed Marriage & Family Therapist <input type="checkbox"/>	Peer Specialist <input type="checkbox"/>
Outreach Worker <input type="checkbox"/> REQUIRED	Licensed Occupational Therapist <input type="checkbox"/>	Masters Level Clinician <input type="checkbox"/>
Registered Nurse <input type="checkbox"/>	Professional Licensed Counselor <input type="checkbox"/>	Rehabilitative Services Professional <input type="checkbox"/>
Certified Nurse Practitioner <input type="checkbox"/>	Psychiatrist <input type="checkbox"/>	Medical Assistant <input type="checkbox"/>
Psychiatric Mental Health Nurse Practitioner <input type="checkbox"/>	Licensed Independent Clinical Social Worker <input type="checkbox"/>	Care Coordinator/Community Health Worker <input type="checkbox"/>
Are all clinical and contracted staff appropriately licensed or certified to perform the activities and procedures detailed within the clinic's approved scope of services?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does your clinic have a method for tracking all providers and ensuring they maintain their licensure, certification, or credentialing, as applicable?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there documentation that any unlicensed/uncertified provider who is working toward licensure/certification is receiving the supervision required as part of that process?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

CCBHC Community Needs Assessment, Disparity Impact Statement, and Staffing Plan

An ADMH CCBHC designated provider must complete a Disparity Impact Statement and Staffing Plan.

Has your clinic completed an updated Community Needs Assessment? If no, please provide expected date of completion.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Expected Date of Completion: _____
Has your clinic completed a data driven Disparity Impact Statement?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the clinic located in a behavioral health professional shortage area?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the clinic take appropriate steps (telehealth, etc.) to alleviate professional shortages where they exist?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you include a Staffing Plan with your needs assessment that describes the management team structure with key personnel (clinical, peer, and other staff) identified?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your Staffing Plan related to the needs of your community? (Attach your Staffing Plan)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic conduct surveys (Patient Experience of Care & Youth/Family Experience of Care) to assess the needs/preferences of individuals served for the behavioral health care services rendered?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your Staffing Plan meet all ADMH standards and requirements?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your Staffing Plan include a medically trained behavioral health care provider, either employed or contracted who can prescribe and manage medications independently under state law?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your Staffing Plan include qualified substance use professionals?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are peer staff members included in the Staffing Plan?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Staffing Plan include clinical staff with expertise in addressing trauma and promoting the recovery of children and adolescents with serious emotional disturbance (SED) and adults with serious mental illness?			<input type="checkbox"/> Yes <input type="checkbox"/> No

CCBHC Training Plans	
----------------------	--

An ADMH CCBHC designated provider must have a Training Plan for all CCBHC employed and contracted staff who have direct contact with people receiving services or their families.

[illegible]

CCBHC Liability/Malpractice Insurance	
An ADMH CCBHC designated provider must maintain liability/malpractice insurance adequate for the staffing and scope of services provided.	
Does your clinic have documentation of liability/malpractice insurance adequate for the staffing and scope of services provided (i.e., policy and coverage scheduled)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CCBHC Linguistic Competence	
An ADMH CCBHC designated provider must provide language assistance for recipients with Limited English Proficiency (LEP) and/or language-based disabilities.	
Are interpretation/translation services readily available for recipients with LEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are interpreters trained to function in a medical setting (i.e., confidentiality, plain language)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are auxiliary aids and services readily available for recipients with disabilities (i.e., sign language, interpreters, TTY lines)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are documents or messages for accessing clinic services (i.e., registration form, sliding-scale fee discount schedule, after-hours coverage, signage) available for recipients in languages common as identified in your needs assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are recipients made aware of these resources at the time of intake? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CCBHC Availability & Accessibility of Services	
An ADMH CCBHC designated provider must maintain accessible services and ensure adherence to recipient privacy requirements.	
Does your clinic policies have provisions for ensuring that all employees, affiliated providers, and interpreters understand and adhere to confidentiality and privacy requirements applicable to the service provider (i.e., HIPAA, 42 CFR Part 2, patient privacy requirements for minors, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is recipient consent (including permission to communicate with other health care providers, family, or friends) regularly sought, explained, documented, and updated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic take measures to ensure a safe, functional, clean, and welcoming environment for recipients and staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your outpatient clinic hours include night and weekend hours? • If yes, do these hours meet the needs of the population served? • Are locations accessible to the recipient population served? • Are recipient satisfaction or needs surveys conducted to support recipient satisfaction with the service location accessibility and operation hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic provide transportation for recipients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic provide transportation vouchers for recipients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic use telehealth/telemedicine, remote patient monitoring and/or other technologies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic engage in outreach and engagement activities to assist recipients and families with accessing benefits and services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your clinic services aligned with state standards for the provision of voluntary, involuntary, and court-ordered services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic have an adequate continuity of operations/disaster plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does your clinic have policies and/or procedures that address the following?	
• New recipients that include administration of a preliminary screening and risk assessment to determine acuity of needs	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Conducting an initial evaluation and comprehensive person-centered/family-centered diagnostic and treatment planning evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Required clinical services provided within 1 business day per request for established clinic recipients with an urgent need ¹ :	
• Required emergency/crisis services for established clinic recipients needing appropriate and immediate action	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Comprehensive person-centered/family centered diagnostic and treatment planning evaluation for new recipients within 60 calendar days of the first request for services	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Updates to the comprehensive person-centered/family-centered diagnostic and treatment planning evaluation as changes occur in the recipient's status, responses to treatment, or goal achievement	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Updates to comprehensive person-centered/family-centered diagnostic and treatment planning evaluations by the treatment team with agreement/endorsement by the recipient and in consultation with the primary care provider every 6 months or as required	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Referrals and/or transfers documentation and follow-up for established clinic recipients	<input type="checkbox"/> Yes <input type="checkbox"/> No

¹The following definitions pertain to the classifying status of required clinical services provision access for recipients:

- Routine: An established individual already receiving services from a CCBHC and should be seen within ten (10) business days from the time of request (*SAMHSA CCBHC Criteria 2.b.3*)
- Emergent: Any individual presenting with an emergency or crisis need where appropriate is taken immediately based on the needs of the individual receiving services (this includes crisis response-mobile crisis, crisis intervention, and crisis stabilization). (*SAMHSA CCBHC Criteria 2.b.3*)
- Urgent: If the triage identifies an urgent need, the initial evaluation may be conducted in person (preferred) or using technology (i.e., phone, telehealth, telemedicine, video conferencing) within 1 business day. This may include walk-in service that identifies the individuals immediate need, de-escalation of the crisis and connecting them to a safe and least restrictive setting for ongoing care.

CCBHC Crisis Services	
An ADMH CCBHC designated provider must provide access to crisis management services for recipients.	
Does your clinic provide crisis management services which are accessible 24 hours per day and delivered within 1 hour (2 hours in rural/frontier settings), not to exceed 3 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic have policies and procedures in place that describe the continuum of crisis prevention, response, and post-intervention services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How does your clinic communicate the availability of clinic crisis prevention, response, and post-intervention services to the public? (Select all that apply) <input type="checkbox"/> Social Media (Facebook, Twitter, etc.) <input type="checkbox"/> Clinic's Webpage <input type="checkbox"/> Pamphlets <input type="checkbox"/> Visit Encounters <input type="checkbox"/> Referral <input type="checkbox"/> Other: _____	
Are clinic recipients advised about the availability of crisis services and Psychiatric Advanced Directives?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic have policies and/or procedures to address the needs of clinic recipients in psychiatric crisis who come to emergency departments local to the CCBHC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic have policies and/or procedures to reduce delays for initiating services during and following a psychiatric crisis to include law enforcement involvement protocols?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do your clinic providers work with recipients to create, maintain, and follow a crisis plan to prevent and de-escalate future crisis situations and/or update an existing crisis plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic provide the following crisis behavioral services? (Select all that apply) <input type="checkbox"/> 24-hour Mobile Crisis Team <input type="checkbox"/> Crisis Intervention Services <input type="checkbox"/> Crisis Stabilization	
Does your clinic provide emergency care coordination services linking individuals served at risk for suicide to the 988-crisis center hotline to include follow-up screening/assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Of the crisis behavioral health services provided, are the following included? (Select all that apply) <input type="checkbox"/> Suicide Crisis Response <input type="checkbox"/> Substance Abuse/Use and Intoxication <input type="checkbox"/> Ambulatory and Medical Detoxification	
CCBHC Services Payment Provision	
An ADMH CCBHC designated provider must ensure provision of behavioral health care services regardless of ability to pay.	
Does your clinic have policies/procedures ensuring no individual is denied services due to inability to pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are fees or payments reduced or waived for recipients who are unable to fully pay for services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic have a sliding fee discount schedule(s) that includes all services that the clinic proposes to offer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the sliding fee discount schedule(s) included on the clinic's website, posted in the clinic's waiting room, and readily accessible to recipients and families?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the sliding fee discount schedule(s) communicated in languages/formats appropriate for recipients seeking services who have LEP or other disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fee schedule(s) conform to state or federal statutory or administrative requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there documentation that your clinic's sliding fee discount schedule(s) is based on a fee schedule consistent with locally prevailing rates or charges and designed to cover the reasonable costs of operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
CCBHC Catchment Area Service Provision	
An ADMH CCBHC designated provider must provide access to behavioral health care services to recipients regardless of residence, homelessness, or lack of a permanent address.	
Does your clinic have policies and/or procedures to ensure no prospective recipient will be denied access to services because of residence, homelessness, or lack of a permanent address?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic have policies, procedures, and/or protocols for addressing the needs of recipients who do not live close to a clinic or within the clinic catchment area as established by the state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are crisis response, evaluation, and stabilization services provided to any recipient in need regardless of their place of residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does the clinic have agreements in place with adjacent jurisdictions governing care for recipients who present to the clinic but are not in the state-established catchment area? <i>(Note: The CCBHC may have DCO/Care Coordination agreements with other CMHCs [310 catchment areas] or other community or state agencies that may offer one or more of the nine (9) services including other partnership activities (i.e., schools, juvenile justice, etc.) if a CCBHC does not provide and/or offer the service(s).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the clinic ensure that no individual is refused services because of place of residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the clinic have policies and procedures in place to provide timely services to recipients in its catchment area who live far from the physical location of the clinic or have transportation challenges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
CCBHC Care Coordination	
An ADMH CCBHC designated provider must coordinate behavioral health care services for recipients with treatment teams, other providers, or programs.	
Does your clinic coordinate care for recipients requiring care from physical health care (acute and chronic) providers and behavioral health care providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic coordinate and provide access to social services for clinic recipients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic coordinate and provide access to housing-related services for clinic recipients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic coordinate and provide access to educational systems and services for clinic recipients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic coordinate and provide access to employment-related services for clinic recipients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic coordinate care for veterans requiring care from physical health care (acute and chronic) providers and behavioral health care providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic maintain the necessary documentation to satisfy the requirements of HIPAA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic maintain the necessary documentation to satisfy the requirements of 42 CFR Part 2 (Confidentiality of Alcohol and Drug Abuse Patient Records)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic maintain the necessary documentation to satisfy privacy and confidentiality requirements specific to the care of minors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic obtain necessary consents for the release of information needed in all care coordination relationships?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic have policies and/or procedures to assist recipients and families of children and adolescents in obtaining and/or keeping appointments when referred to an outside provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic follow up with external providers to confirm whether clinic recipients' appointments are kept or rescheduled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic ensure that coordination activities are aligned with the recipient's preferences and needs for care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic develop a crisis plan with each recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a recipient declines to participate in crisis planning, is that decision documented and periodically re-addressed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are procedures in place to help ensure clinic providers and other providers who prescribe medications are aware of all medications prescribed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are pharmaceutical monitoring systems utilized?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic have agreement(s) regarding care coordination with other providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the clinic agreement(s) for care coordination allow for recipients to choose their providers within the clinic?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CCBHC Health Information Technology

An ADMH designated CCBHC provider to include DCOs must have health information technology (HIT) systems in place to manage recipient data, etc.

Does your clinic/DCO health IT system include electronic health records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic/DCO health IT system capture structured information, diagnoses, and/or medication lists?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic/DCO health IT system provide clinical decision support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your clinic/DCO's health IT system electronically transmitting prescriptions to the pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your clinic/DCO's health IT system reporting data and quality measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your clinic/DCO's health IT system utilized for population health management?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your clinic/DCO's health IT system utilized for quality improvement activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your clinic/DCO's health IT system utilized for efforts to reduce disparities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your clinic/DCO's health IT system utilized to conduct research?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your clinic/DCO's health IT system utilized to conduct outreach?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your clinic/DCO establishing a new health IT system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the new system capable of capturing structured information (demographic information, problem lists, and medication lists)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the new system capable of sending and receiving full common data sets for all summary of care records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the new system certified to support capabilities (transitions of care, privacy, and security)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the new system certified to meet the "Patient List Creation" criterion (45 CFR §170.314(a)(14))?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic/DCO have care coordination agreements with a variety of community or regional services, supports, and providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic/DCO have the capacity to collect, report, and track encounter, outcome, and quality data including the following? (Select all that apply) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Staffing <input type="checkbox"/> Access to services <input type="checkbox"/> Use of services <input type="checkbox"/> Screening, prevention, and treatment <input type="checkbox"/> Care coordination <input type="checkbox"/> Other processes of care <input type="checkbox"/> Costs <input type="checkbox"/> Outcomes of people receiving services	
Does your clinic/DCO reports reflect data for all clinic recipients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic/DCO reports at a minimum include all Medicaid enrollees in the clinic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your clinic/DCOs registered with Alabama Medicaid's One Health Record? REQUIRED	<input type="checkbox"/> Yes <input type="checkbox"/> No

CCBHC Treatment Planning and Care Coordination

As an ADMH designated CCBHC provider all treatment planning and care coordination activities must include recipients, their families, and/or caregivers.

Does your clinic policies and procedures define the treatment team as including the recipient, the family/caregiver of child recipients, the adult recipient's family, and any other person the recipient chooses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic policies and procedures include provision that all treatment planning (including risk assessment and crisis planning) and care coordination be person centered, family centered, and aligned with the requirements of Section 202(a) of the Affordable Care Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic collaborate with recipients, the recipient's family, and caregivers to develop individualized plan integrating prevention, medical, behavioral health needs, and service delivery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the individualized plan endorsed by the recipient, the recipient's family, or caregivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the individualized plan coordinated with staff members or programs necessary to carry out the plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic use recipient feedback to inform the treatment plan and services provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic recipient treatment plans include needs, strengths, abilities, preferences, and goals expressed in a manner that captures the recipient's words or ideas, when appropriate, those of the recipient's family/caregiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the treatment plan comprehensive, addressing all services required, with provision for monitoring of progress towards goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the treatment plan based on a shared decision-making approach?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic seek consultation during treatment planning about special emphasis problems and integrate the results into treatment planning, if needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic document the recipient's advance wishes related to treatment and crisis management or the recipient's decision not to discuss those preferences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic treatment planning and care coordination activities confirm to the requirements of HIPAA, 42 CFR Part 2, and other federal and state laws, including privacy requirements specific to the care of minors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic designate an interdisciplinary treatment team that is responsible, with the recipient or family/caregiver, for directing, coordinating, and managing care/services for the recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are traditional approaches to care for American Indian or Alaska Native recipients included within the treatment planning, as appropriate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CCBHC Care Coordination Partnerships	
An ADMH designated CCBHC provider must establish care coordination partnerships.	
Does your clinic have an established agreement with a geographically proximate FQHC (Federally Qualified Health Center) or RHC (Rural Health Clinic) to coordinate the provision of health care services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic have policies, procedures, or protocols for care coordination for recipients who are served by other primary care providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If agreements cannot be established, does your clinic have a contingency plan for care coordination for primary care services for recipients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If care coordination agreements have not been established, has your clinic begun work toward establishing formal contracts with care coordination entities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic have care coordination agreements with programs that can provide inpatient psychiatric treatment, inpatient treatment with ambulatory and medical detoxification, post-detoxification step-down services, and residential programming needs services for recipients, if any exist in the service area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your clinic able to track when recipients are admitted and discharged from facilities providing inpatient psychiatric treatment, inpatient treatment with ambulatory and medical detoxification, post-detoxification step-down services, and residential programming services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic have established protocols and procedures for transitioning individuals from emergency department, inpatient psychiatric, detoxification, and residential settings to a safe community setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic protocols and procedures provide for transfer of medical records of services received, active follow-up after discharge, a plan for suicide prevention and safety, and provision for peer services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic have care coordination agreements with a variety of community or regional services, supports, and providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic have agreements establishing care coordination expectations with local child welfare agencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic have agreements establishing care coordination expectations with local schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic have agreements establishing care coordination expectations with local juvenile and criminal justice agencies and facilities (i.e., drug, mental health, veterans, and other specialty courts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic have agreements establishing care coordination expectations with local Indian Health Services youth regional treatment centers, where available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic have agreements establishing care coordination expectations with local state licensed and nationally accredited child placement agencies for therapeutic foster care services, where available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are care coordination agreements established with all necessary community or regional services, supports, and providers, as identified by the needs assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If agreements cannot be established, does your clinic have a sufficient contingency plan for provision of services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic have agreements establishing care coordination expectations with inpatient acute-care hospitals, emergency departments, hospital outpatient clinics, urgent care centers, residential crisis settings, medical detoxification inpatient facilities, and ambulatory detoxification providers? (<i>SAMHSA CCBHC Criteria 3.c.5</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the agreement include provisions to help transition individuals from the emergency department or hospital to clinic care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the agreement include procedures that will reduce the time between assessment and treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the agreement allow the clinic to track the admission and discharge of recipients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the agreement provide for transfer of medical records of services received by the recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic make and document reasonable attempts to contact all clinic recipients who are discharged from these settings within 24 hours of discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does your clinic have policies and procedures designed to reduce suicide risk for individuals admitted to facilities as a potential suicide risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

CCBHC Scope of Services	
An ADMH designated CCBHC provider must provide nine core services either directly or through a DCO.	
Do clinic recipients have the freedom to choose providers within the clinic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
With regards to your clinic services, does the grievance process satisfy the minimum requirements of Medicaid and ADMH?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do clinic recipients have access to your clinic's grievance procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all clinic services person- and family-centered, recovery-oriented care, respectful of the recipient's needs, preferences, and values, and ensures both recipient involvement and self-direction of services received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the services for children and youth, family-centered, youth-guided, and developmentally appropriate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic provide person-centered and family-centered care that recognizes specific cultural and other needs in alignment with the needs assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic provide screening, assessment, and diagnosis including risk assessment, for behavioral health conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic provide specialized services referral through a formal agreement with other providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic provide specialized services by referral through a formal agreement with other providers using telehealth/telemedicine services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic use standardized and validated screening and assessment tools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your clinic providers trained in brief motivational interviewing techniques?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic use culturally and linguistically appropriate screening tools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic use tools/approaches that accommodate disabilities (i.e., intellectual disabilities, developmental disabilities, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic conduct brief interventions to include providing care or referring recipients for services if screening identifies unsafe substance use including problematic alcohol or other substance use?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CCBHC Outpatient Mental Health and Substance Use Services

An ADMH designated CCBHC provider must provide a minimum set of evidence-based practices for clinic recipients.

Does your clinic provide evidence-based practices in outpatient mental health and substance use disorder services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic provide specialized services for outpatient mental health and substance use disorder treatment through referral or formal agreement with other providers through telehealth/telemedicine services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic provide evidenced-based services that are developmentally appropriate, youth-guided, and family/caregiver-driven with respect to children and adolescents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When treating older adults, does your clinic consider the recipient's desires, functioning, and appropriate evidence-based treatments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When treating recipients with developmental or other cognitive disabilities, does the clinic consider the level of functioning and appropriate evidence-based treatments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all treatments delivered by staff members with specific training in treating the segment of the population being served?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic use a family/caregiver-driven, youth-guided, and developmentally appropriate approach when treating children and adolescents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic provide supports for children and adolescents that comprehensively address family/caregiver, school, medical, mental health, substance use, psychosocial, and environmental issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CCBHC Outpatient Clinic Primary Care Screening and Monitoring

An ADMH designated CCBHC provider must provide outpatient primary care screening and monitoring of key health indicators and health risk.

Does your clinic provide outpatient clinic primary care screening and monitoring of key health indicators and health risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Does your clinic collect the following quality measures? <input type="checkbox"/> Yes <input type="checkbox"/> No (Select all that apply)</p> <p><input type="checkbox"/> Adult Body Mass (BMI) <input type="checkbox"/> Blood Pressure (Adults) <input type="checkbox"/> Height (Youth & Adolescents) <input type="checkbox"/> Waist Circumference (Adults)</p> <p><input type="checkbox"/> Weight assessment and counseling for nutrition/physical activity for youth and adolescents</p> <p><input type="checkbox"/> Antidepressant Medication Management <input type="checkbox"/> Clinical Depression (Adults) <input type="checkbox"/> Depression (Youth & Adolescents)</p> <p><input type="checkbox"/> Hemoglobin A1c (Adults) <input type="checkbox"/> Cholesterol HDL and LDL(Adults) <input type="checkbox"/> Triglycerides (Adults)</p> <p><input type="checkbox"/> Tobacco Use (Adults) <input type="checkbox"/> Unhealthy Alcohol Use (Adults)</p> <p><input type="checkbox"/> Metabolic monitoring for individuals on antipsychotics</p> <p><input type="checkbox"/> Adherence to antipsychotic medications for individuals with Schizophrenia</p>	
Does your clinic ensure that children and older adults receive age-appropriate screening and prevention interventions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CCBHC Psychiatric Rehabilitation Services

An ADMH designated CCBHC provider must provide directly or through a DCO, evidence-based rehabilitation services for both mental health and substance use disorders.

Does your clinic provide high-quality evidence-based and other psychiatric rehabilitation services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Does your clinic provide supported employment programs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does your clinic provide support to recipients participating in supported education and other educational services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does your clinic provide support to recipients achieving social inclusion and community connected? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does your clinic provide support to recipients participating in medication education/self-management education? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does your clinic provide support to recipients finding and maintaining safe and stable housing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

CCBHC Targeted Case Management Services

An ADMH designated CCBHC provider must provide directly, or through a DCO targeted case management services that will assist recipients in sustaining recovery, gaining access to needed medical, social, legal, educational, and other services and supports.

Does your clinic provide high-quality targeted case management services that will assist recipients in sustaining recovery and in gaining access to needed medical, social, legal, educational, and other services and supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic targeted case management services include supports for recipients deemed at high risk of suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic targeted case management services include supports for recipients who are pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic targeted case management services include supports for recipients with Opioid Use Disorders with an emphasis on African American population?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic targeted case management services include supports for recipients experiencing homelessness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic targeted case management services include supports for recipients deemed at high risk of overdose?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic targeted case management services include supports for recipients transitioning to communities from jails/detention centers or prisons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic targeted case management services include supports for recipients transitioning to communities from hospitals, emergency departments, and crisis centers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic targeted case management services include supports for recipients with complex or serious mental health or substance use conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic targeted case management services include supports for recipients who have a short-term need for support in a critical period (i.e., an acute episode or care transition)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic targeted case management services provide intensive case management and team-based intensive services (i.e., Assertive Community Treatment, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Which specific populations does your clinic's targeted case management services include? _____

CCBHC Peer Supports, Peer Counseling, and Family/Caregiver Supports

An ADMH designated CCBHC provider must provide directly or through a DCO, peer supports to clinic recipients.

Does your clinic provide peer support services?

☐ Yes ☐ No

Which of the following peer services does your clinic provide? (Select all that apply)

- ☐ Peer-run wellness and recovery centers
- ☐ Youth/young adult peer support
- ☐ Peer-run crisis respites
- ☐ Peer-led crisis planning
- ☐ Peer navigators
- ☐ Mutual support and self-help groups
- ☐ Peer support for older adults
- ☐ Peer education and leadership development
- ☐ Peer recovery services
- ☐ Community resources education
- ☐ Navigation support
- ☐ Parent peer support
- ☐ Behavioral health and crisis support
- ☐ Parent/caregiver training and education
- ☐ Family-to-family caregiver support
- ☐ Other: _____

CCBHC Community Based-Mental Health Care for Members of the Armed Forces and Veterans

An ADMH designated CCBHC provider must provide directly or through a DCO intensive, community-based behavioral health care for members of the U.S. Armed Forces and veterans.

Does your clinic provide intensive, community-based behavioral health care for members of the U.S. Armed Forces and veterans?

☐ Yes ☐ No

Does your clinic provide intensive, community-based behavioral health care to veterans that is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration (VHA) including clinical guidelines contained in the Uniform Mental Health Services Handbook?

☐ Yes ☐ No

Does your clinic ask and document all recipients who inquire about services whether they have served in the U.S. military?

☐ Yes ☐ No

For recipients affirming current military service, does your clinic provide services to them or coordinate with them to receive care elsewhere?

☐ Yes ☐ No

For recipients affirming former military service, does your clinic offer assistance to enroll in the VHA for the delivery of medical and behavioral health services?

☐ Yes ☐ No

Does your clinic provide services consistent with minimum clinical mental health guidelines promulgated by the VHA to veterans who decline or are ineligible for VHA services?

☐ Yes ☐ No

Does your clinic provide coordination between the care of substance use disorders and other mental health conditions for veterans and active-duty personnel?

☐ Yes ☐ No

Does your clinic provide integration or coordination of care for behavioral health conditions and other components of health care for all veterans and active-duty military personnel?

☐ Yes ☐ No

Does your clinic assign a Principal Behavioral Health Provider to every veteran seen (unless the VHA has already assigned a Principal Behavioral Health Provider)?

☐ Yes ☐ No

When veterans are seeing more than one behavioral health provider and involved in more than one program, is the identity of the Principal Behavioral Health Provider made clear to the veteran and identified in the medical record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the roles and responsibilities of the Principal Behavioral Health Provider clearly defined?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic care and services for veterans adhere to the guiding principles of recovery, VHA recovery, and other VHA guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your clinic staff members trained in cultural competency and specifically in military and veterans' culture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic staff members who work with veterans receive cultural competency training on issues of race, ethnicity, age, sexual orientation, and gender identity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic require a behavioral health treatment plan for all veterans receiving behavioral health services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the behavioral health treatment plan for veterans include the veteran's diagnosis/diagnoses and document consideration of each type of evidence-based intervention for each diagnosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the behavioral health treatment plan for veterans include approaches to monitoring the outcomes of care and milestones for reevaluation of interventions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the behavioral health treatment plan for veterans consider interventions intended to reduce/manage symptoms, improve functioning, and prevent relapses or recurrences of episodes of illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the behavioral health treatment plan for veterans' recovery-oriented, attentive to the veteran's values and preferences, and evidence-based regarding what constitutes effective and safe treatments?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CCBHC Quality and Other Reporting	
An ADMH designated CCBHC provider must develop, implement, and maintain an effective, CCBHC-wide Continuous Quality Improvement (CQI) Plan for the services provided.	
Has your clinic developed, implemented, and maintained a clinic-wide, data-driven CQI Plan for clinical services and clinical management?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the CQI Plan identify CQI projects that are based on the needs of the recipient population and reflect the scope, complexity, and past performance of the clinic's services and operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the CQI Plan address priorities for improved quality of care and recipient safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the CQI projects evaluated annually and for effectiveness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the CQI Plan focus on indicators related to improved behavioral and physical outcomes and call for actions designed to improve clinic performance in those areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic document each CQI project implemented, the reasons for the projects, and measurable progress achieved by the projects?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic CQI Plan address recipient suicide deaths and suicide attempts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic CQI Plan address recipient 30-day hospital readmissions for psychiatric or substance use reasons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic CQI Plan address events that ADMH or applicable accreditation bodies deem appropriate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CCBHC Clinical Authority and Finances	
An ADMH designated CCBHC provider must be part of an established local government behavioral health authority and maintains authority to oversee behavioral health services rendered to clinic recipients.	
<p>Does your clinic maintain documentation that it conforms to at least one of the statutorily established CCBHC criteria? (Select all that apply) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Non-profit clinics exempt from tax under Section 501(c)(3) of the U.S. Internal Revenue Code</p> <p><input type="checkbox"/> Part of a local government behavioral health authority</p> <p><input type="checkbox"/> Operated under the authority of the Indian Health Service, an Indian tribe, or a tribal clinic 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.)</p> <p><input type="checkbox"/> Urban Indian clinic 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.)</p>	
<p>If your clinic does not operate under the authority of the Indian Health Service, an Indian tribe, or a tribal or urban Indian clinic, but serves a population that includes American Indian and Alaska Native (AI/AN) recipients, has your clinic reached out to the Indian Health Service, Indian tribes, or tribal or urban Indian clinics in your geographical area to assist in the provision of services to AI/AN recipients and to inform the provision of services to the those recipients?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>Is an independent financial audit performed in accordance with federal audit requirements (45 CFR part 75) conducted annually?</p> <p><i>Note: If a corrective action plan is required post audit, please address all findings, questioned costs, reportable conditions, and material weakness cited in the Audit Report.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

CCBHC Governance	
An ADMH designated CBHC provider must establish a governing board representative of the recipients served including individuals with lived experience of mental health and/or substance use conditions.	
<p>Does your clinic's board represent the recipients served by the clinic to include the geographic area, race, ethnicity, sex, gender identity, disability, age, sexual orientation, and types of disorders?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Is at least 51% of your clinic's board comprised of individuals with lived experience of mental and/or substance use disorders and families?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Is your clinic's board comprised of members with a broad range of skills, expertise, and perspectives? (May include finance, legal affairs, business, health, etc.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Does your clinic have documentation to confirm that no more than 50% of the governing board derives more than 10% of their annual income from the health care industry?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does your clinic have a Peer and Family Advisory Committee that provides a standing report at all board meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are members of the Advisory Committee representative of the communities in which your clinic's service area is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all members of the Advisory Committee individuals with lived experience of mental and/or substance use disorders and family members of individuals receiving services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your clinic provide staff support for the Advisory Committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Note: If your clinic has an Advisory Committee, the governing board must ensure that the committee has representation in the following:</i> <ul style="list-style-type: none"> • <i>Identifying community needs, goals, and objectives of the CCBHC</i> • <i>Service development, quality improvement, and the activities of the CCBHC</i> • <i>Fiscal and budgetary decisions</i> • <i>Governance (human resource planning, leadership recruitment, and selection, etc.)</i> 	

National Accreditation (For Informational Purposes Only)
Is your clinic accredited by a nationally recognized clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select all that apply: <input type="checkbox"/> Joint Commission <input type="checkbox"/> National Committee for Quality Assurance (NCQA) <input type="checkbox"/> Council on Accreditation (COA) <input type="checkbox"/> Commission on Accreditation of Rehabilitation Facilities (CARF) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Accreditation Association for Ambulatory Health Care (AAAHC)