

OAC 450	17-5-171.	Core Standards Category: Organizational
Organizational authority, governance and accreditation (CCBHC)		

(a) In addition to the board composition requirements found in 450:17-25-2, facilities certified under this Part will incorporate meaningful participation by adult consumers with mental illness, adults recovering from substance use disorders, and family members of facility consumers, either through 51 percent of the board being families, consumers or people in recovery from behavioral health conditions, or through a substantial portion of the governing board members meeting this criteria and other specifically described methods for consumers, people in recovery and family members to provide meaningful input to the board about the facility's policies, processes and services. Any alternative to the 51 percent standard must be approved by the Director of Provider Certification.

(b) To the extent a facility is comprised of a governmental or tribal entity or a subsidiary or part of a larger corporate organization that cannot meet these requirements for board membership, the facility shall develop an advisory structure and other specifically described methods for consumers, persons in recovery, and family members to provide meaningful input to the board about the facility's policies, processes and services.

(c) An independent financial audit shall be performed annually in accordance with federal audit requirements, and, where indicated, a corrective action plan is submitted addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report.

(d) Compliance with this Section shall be determined by a review of facility policy and procedures regarding governing authority; governing body bylaws, rules and regulations; governing body minutes; membership rolls; and other documentation as needed.

**450:17-5-171. Organizational authority, governance and accreditation (CCBHC).
Scoring Guidelines: Score as compliant if the following are present:**

- Facility documentation verifies (a).
 - Board composition meets 51% criteria OR
 - Alternatives to the 51% criteria must:
 - Be approved by the Director of Provider Certification
 - Consist of a substantial portion of the board meeting the composition requirement AND
 - Have an alternative specifically described method whereby others can provide meaningful input to the board.

- If (a) is not possible, facility documentation verifies that facility has developed advisory structure and other specifically described methods whereby others can provide meaningful input to the board, per (b)
- Facility documentation verifies compliance with (c)
 - Independent financial audit has been conducted annually
 - If indicated, a corrective action plan for the financial plan has been submitted
 - Facility is able to submit evidence that their corrective active plan has been resolved.

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 nd review	3 rd review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

Notes:

OAC 450	17-5-172.	Core Standards Category: Operational
General Staffing (CCBHC)		

(a) In order to ensure adequate staffing, the facility must complete an assessment of the needs of the target consumer population and a staffing plan. The needs assessment will include cultural, linguistic, and treatment needs. The needs assessment will include both consumer and family/caregiver input and will be updated regularly, but no less frequently than every three (3) years.

(b) The facility operating the CCBHC will have policies and program descriptions to define how the CCBHC will operate a team dedicated to provide the range of specific services articulated elsewhere in this Subchapter.

(c) The facility shall have a fully staffed management team as appropriate for the size and needs of the clinic as determined by the current needs assessment and staffing plan. The management team will include, at a minimum a CEO or Executive Director/Project Director and a psychiatrist as Medical Director. The Medical Director need not be a full-time employee. Depending on the size of the facility, both positions may be held by the same person. The Medical Director will ensure the medical component of care and the integration of behavioral health and primary care are facilitated.

(d) The facility must maintain liability/malpractice insurance adequate for the staffing and scope of services provided.

(e) Compliance with this Section shall be determined by a review of policies, facility needs assessment, organizational chart, clinic liability and malpractice insurance documentation.

450:17-5-172. General Staffing (CCBHC). Scoring Guidelines: Score as compliant if the following are present:

- Facility documentation verifies compliance with (a)
 - Needs assessment developed of target consumer population
 - Addresses cultural, linguistic, and treatment needs
 - Should address needs of each geographic area covered
 - Includes consumer and family/caregiver input
 - Conducted every three years

(Should be comprehensive to address needs of each geographic area (site))

- Staffing plan developed
- Facility's policy and procedures verify compliance with (b)
- Per (c), facility's management team is fully staffed per the staffing plan.

At a minimum, management team has:

- CEO or Executive Director/Project Director

- Psychiatrist as a Medical Director
- *Both positions can be held by the same person.
- Facility has liability/malpractice insurance

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 nd review	3 rd review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

Notes:

OAC 450	17-5-173.	Core Standards Category: Clinical
Staffing; Treatment team (CCBHC)		

(a) The treatment team includes the consumer, the family/caregiver of child consumers, the adult consumer's family to the extent the consumer does not object, and any other person the consumer chooses. Each facility shall maintain a core staff comprised of employed and, as needed, contracted staff, as appropriate to the needs of consumers as stated in the consumer's individual service plan and shall, at a minimum, include the following positions:

- (1) Licensed Psychiatric Consultant;
- (2) Licensed Nurse Care Manager (RN or LPN);
- (3) Consulting Primary Care Physician, Advance Practice Registered Nurse, or Physician Assistant;
- (4) Licensed Behavioral Health Professional or Licensure Candidate;
- (5) Certified Behavioral Health Case Manager I or II;
- (6) Certified Peer Support Specialist;
- (7) Family Support Provider for child consumers;
- (8) Behavioral Health Aide for child consumers; and
- (9) Wellness Coach.

(b) Compliance with this Section shall be determined by a review of personnel files and privileging documents.

450:17-5-173. Staffing; Treatment team (CCBHC). Scoring Guidelines: Score as compliant if the following are present:

- Review of staff records validates compliance with core team composition (a) (1-9). (Apply Documentation Calculation for scoring).

Date(s) of Review(s)	(A) 9 Elements X # of teams	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
					95%		

In grid above, (A) may vary depending on the number of teams. The formula is 9 Elements X the number of teams.

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 nd review	3 rd review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

Notes:

OAC 450	17-5-174.	Core Standards Category: Clinical
Staff Training (CCBHC)		

(a) In addition to the requirements found in 450:17-21-3, in-service presentations shall be conducted upon hire/contracting and each calendar year thereafter for all CCBHC employees on the following topics:

- (1) Person/Family-centered, recovery oriented, evidence-based and trauma-informed care;
- (2) Primary care/behavioral health integration;
- (3) Risk assessment, suicide prevention and suicide response;
- (4) Roles of families and peers; and
- (5) Crisis response and management.

(b) The facility shall assess the skills and competence of each individual furnishing services and, as necessary, provide in-service training and education programs. The facility will have written policies and procedures describing its method(s) of assessing competency and maintains a written accounting of the in-service training provided during the previous 12 months.

(c) Individuals providing staff training must be qualified as evidenced by their education, training and experience.

(d) The training curriculum for (a) must be approved by the ODMHSAS commissioner or designee in writing prior to conducting of any training pursuant to this provision.

(e) Compliance with this Section shall be determined by a review of policies and procedures and personnel records.

450:17-5-174. Staff Training (CCBHC). Scoring Guidelines: Score as compliant if the following are present:

- Facility documentation/policy and procedures verify compliance with (b and d)
- Facility is compliant with 17-21-3. If deficiencies are found in 17-21-3, they will be cited as deficient there.
- Records satisfy the following initial and annual training requirements. (Apply Documentation Calculation for scoring)
 - Person/Family-centered, recovery oriented, evidence-based and trauma-informed care
 - Primary care/behavioral health integration
 - Risk assessment, suicide prevention and suicide response
 - Roles of families and peers
 - Crisis response and management
- Records verify compliance with (b) in the form of performance appraisals for those who furnish services.

- Records verify that trainers have documentation verifying they've received training in the area in which they provide training.

*****Maximum of 7 elements**

Date(s) of Review(s)	(A) Elements	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
					95%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 nd review	3 rd review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

Notes:

OAC 450	17-5-175.	
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Linguistic Competence (CCBHC)**Core Standards Category: Operational**

(a) If the facility services individuals with Limited English Proficiency (LEP) or with language-based disabilities, the facility will take reasonable steps to provide meaningful access to their services. Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or "LEP."

(b) Interpretation/transitional service(s) are provided that are appropriate and timely for the size/needs of the LEP consumer population (e.g., bilingual providers, onsite interpreters, language telephone line). To the extent interpreters are used, such translation service providers are trained to function in a medical and/or behavioral health setting (e.g., confidentiality and plain language).

(c) Documents or messages vital to a consumer's ability to access services are available for consumers in languages common in the community served, taking account of literacy levels and the need for alternative formats. The requisite language will be informed by the needs assessment.

(d) The facility will use culturally and linguistically appropriate screening tools, and tools/approaches that accommodate disabilities (i.e. hearing disability, cognitive limitations), when appropriate.

(e) Compliance with this Section shall be determined by a review of policies, procedures, personnel files and the facility needs assessment.

450:17-5-175. Linguistic Competence (CCBHC). Scoring Guidelines: Score as compliant if the following are present:

- Facility policy/documentation verifies compliance with (a), and (c).
(Facility will have a procedure in place, informed by the needs assessment, whereby their documentation is tailored to meet the language needs and reading level of their population.
- Facility utilizes culturally and linguistically appropriate screening tools as well as tools that accommodate disabilities.
- Facility policy verifies utilization of interpreters for LEP consumer population.
- Records verify that interpreters are trained to function in a medical/behavioral health setting, per (b).

Date(s) of Review(s)	(A) Elements	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
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	1				95%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 nd review	3 rd review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

Notes:

OAC 450	17-5-176.	Core Standards Category: Operational
Availability and Accessibility of Services (CCBHC)		

(a) The CCHBC must have policies and procedures to describe how outreach and engagement activities will occur to assist consumers and families to access benefits and formal or informal services to address behavioral health conditions and needs.

(b) Facility records will identify which staff members are responsible for specific elements of outreach and engagement.

(c) To the extent possible, the facility should make reasonable efforts to provide transportation or transportation vouchers for consumers to access services provided or arranged for by the facility.

(d) To the extent allowed by state law, facility will make services available via telemedicine in order to ensure consumers have access to all required services.

(e) The facility will ensure that no individuals are denied services, including but not limited to crisis management services, because of an individual's inability to pay and that any fees or payments required by the clinic for such services will be reduced or waived to enable the facility to fulfill this assurance. The Facility will have a published sliding fee discount schedule(s) that includes all services offered.

(f) The facility will ensure no individual is denied behavioral healthcare services because of place of residence or homelessness or lack of a permanent address. Facility will have protocols addressing the needs of consumers who do not live within the facility's service area. At a minimum, facility is responsible for providing crisis response, evaluation, and stabilization services regardless of the consumer's place of residence and shall have policies and procedures for addressing the management of the consumer's ongoing treatment needs.

(g) Compliance with this Section shall be determined by a review of policies, consumer records and facility fee schedule.

450:17-5-176. Availability and Accessibility of Services (CCBHC). Scoring Guidelines: Score as compliant if the following are present:

- Facility policy and procedures verify compliance with (a), (b), (c), (d), (e), and (f).

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 nd review	3 rd review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

Notes:

OAC 450	17-5-177.	Core Standards Category: Clinical
General Service Provisions (CCBHC)		

(a) Facility is responsible for the provision of the following services:

- (1) Screening, assessment and treatment planning;
- (2) Crisis Services;
- (3) Outpatient behavioral health services;
- (4) Outpatient primary care screening and monitoring;
- (5) Targeted case management;
- (6) Psychiatric rehabilitation;
- (7) Peer and family supports;
- (8) Intensive community-based outpatient behavioral health care for members of the US Armed Forces and veterans.

(b) Many of the services may be provided either directly by the facility or through formal relationships with other providers. Whether directly supplied by the facility or by a Designated Collaborating Organization (DCO) through a formal arrangement, the facility is ultimately clinically responsible for all care provided. The facility must have policies and procedures that ensure DCO-provided services for facility's consumers must meet the same quality standards as those provided by the facility.

(c) Compliance with this Section shall be determined by a review of policies, procedures and consumer records.

450:17-5-177. General Service Provisions (CCBHC). Scoring Guidelines: Score as compliant if the following are present:

- Clinical records verify compliance with (a)(1-8).
- Facility policy and procedures verify compliance with (b).

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 nd review	3 rd review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

Notes:

OAC 450	17-5-178.	Core Standards Category: Clinical
Initial Screening, Assessment and Comprehensive Evaluation (CCBHC)		

(a) The facility will directly provide screening, assessment and diagnosis, including risk assessment, for behavioral health conditions. The facility must determine the extent to which each consumer's needs and preferences can be adequately addressed within the array of required services.

(b) For new consumers requesting or being referred for behavioral health services, an integrated screening approach in accordance with OAC 450:17-3-21 will be used to determine the consumer's acuity of needs. The facility shall use standardized and validated screening and assessment tools, and where appropriate, brief motivational interviewing techniques.

(1) If the screening identifies an emergency/crisis need, the facility will take appropriate action immediately, including any necessary subsequent outpatient follow-up.

(2) If the screening identifies an urgent need, clinical services are provided and the initial evaluation completed within one business day of the time the request is made. An urgent need is one that if not addressed immediately could result in the person becoming a danger to self or others, or could cause a health risk.

(3) If screening identifies unsafe substance use including problematic alcohol or other substance use, the facility will conduct a brief intervention and the consumer is provided or referred for and successfully linked with a full assessment and treatment, if applicable.

(4) If the screening identifies routine needs, services will be provided and the initial evaluation completed within 10 business days.

(c) A Licensed Behavioral Health Professional (LBHP) or Licensure Candidate, acting within his/her scope of practice requirements, must complete an initial assessment in accordance with the standard in OAC 450:17-3-21 for consumers who have not been assessed by the facility within the past 6 months.

(d) For consumers presenting with emergency or urgent needs, the initial assessment may be conducted by telemedicine but an in-person assessment is preferred. If the initial assessment is conducted via telemedicine, once the emergency is resolved, the consumer must be seen in person at the next subsequent encounter and the initial assessment reviewed.

(e) Prior to assigning a consumer to a CCBHC intensive level of care, a comprehensive evaluation must be completed by the interdisciplinary team performing within each team member's scope of practice consistent with each consumer's immediate needs and include a written narrative in each of the following areas:

- (1) Psychiatric and substance use history, mental status, and a current DSM diagnosis;
- (2) Medical, dental, and other health needs;

- (3) Education and/or employment;
- (4) Social development and functioning;
- (5) Activities of daily living; and
- (6) Family structure and relationships.

(g) The facility must ensure access to the comprehensive evaluation within 60 calendar days of the initial request for services. This requirement does not preclude the provision of treatment during the 60 day period.

(h) The comprehensive evaluation must be updated as needed but no less than every six (6) months.

(i) Compliance with this Section will be determined by on-site observation, review of organizational documents, program descriptions, outcome monitoring and other performance improvement activity reports, and clinical records.

450:17-5-178. Initial Screening, Assessment and Comprehensive Evaluation (CCBHC). Scoring Guidelines: Score as compliant if the following are present:

- Review of records validates compliance with (a-h). Apply Documentation Calculation for scoring.
 - New consumers will receive a screening, per 17-3-21, that is:
 - Timely manner for screenings
 - Integrated screening
 - Screen for danger to self
 - Screen for danger to others
 - Suicide factors are included in screen.
 - For those not assessed within last 6 months, initial assessment performed:
 - LBHP completes initial assessment
 - Assessment is compliant with 17-3-21 requirements (this will be scored in 17-3-21)
 - In an emergency situation, the initial assessment may be done via telemedicine. The next encounter must be face to face and the initial assessment must be reviewed.
 - All receive comprehensive assessment which is a written narrative addressing:
 - Psychiatric and substance abuse history, mental status
 - Current DSM diagnosis;
 - Medical, dental, and other health needs;
 - Education and/or employment

- Social development and functioning;
- Activities of daily living;
- Family structure and relationships.
- Comprehensive assessment is done within 60 days of initial request for services.
- Comprehensive assessment updated every 6 months

****Applicable elements will depend on status of consumers**

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
					90%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 nd review	3 rd review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

Notes:

(a) The facility is responsible for outpatient clinic primary care screening and monitoring of key health indicators and health risk. Facility shall have policies and procedures to ensure that these services are received in a timely fashion, whether provided directly by the facility or through a DCO.

(b) Required primary care screening and monitoring of key health indicators and health risk provided by the facility shall include but not be limited to the following, as applicable:

- (1) Adult Body Mass Index (BMI) Screening and Follow-Up;
- (2) Weight assessment and counseling for nutrition and physical activity for children/adolescents (WCC);
- (3) Blood Pressure;
- (4) Tobacco use: Screening and cessation intervention;
- (5) Screening for clinical depression and follow-up plan;
- (6) Unhealthy alcohol use;
- (7) Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications;
- (8) Diabetes care for people with serious mental illness;
- (9) Metabolic monitoring for children and adolescents on antipsychotics;
- (10) Cardiovascular health screening for people with schizophrenia;
- (11) Adherence to mood stabilizers for individuals with Bipolar I Disorder;
- (12) Adherence to antipsychotic medications for individuals with Schizophrenia; and
- (13) Antidepressant medication management.

(c) The facility will ensure children receive age appropriate screening and preventive interventions including, where appropriate, assessment of learning disabilities, and older adults receive age appropriate screening and preventive interventions.

(d) Compliance with this Section will be determined by a review of facility policies and consumer records.

450:17-5-179. Primary care screening and monitoring (CCBHC). Scoring Guidelines: Score as compliant if the following are present:

- Facility has policy and procedures to verify compliance with (a)
- Review of records validates compliance with (b) for each consumer, as applicable. Apply Documentation Calculation for scoring.
 - Screening for (b)(1-13), where appropriate
 - Children, where appropriate, receive age appropriate screenings and preventive interventions
 - Older adults, where appropriate, receive appropriate screening and preventive interventions.

****14 possible elements**

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
					95%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 nd review	3 rd review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

Notes:

OAC 450	17-5-180.	Core Standards Category: Clinical
Person-Centered and Family-Centered Service Planning (CCBHC)		

(a) The facility must directly develop a consumer directed and family-centered, integrated active care plan for each enrolled consumer that reflects input of the team in managing the medical component of the plan, and others the consumer chooses to involve.

(b) The plan shall clearly address consumers' needs, strengths, abilities, physical and behavioral health goals, consumer preferences, and the overall health and wellness needs of the consumer.

(c) The plan is comprehensive, addressing all services required, with provision for monitoring of progress toward goals.

(d) The plan must be documented and completed within thirty (30) working days of admission to the CCBHC.

(e) The CCBHC must provide for each consumer and primary caregiver(s), as applicable, education and training consistent with the consumer and caregiver responsibilities as identified in the active treatment plan and relative to their participation in implementing the plan of care.

(f) Compliance with this Section will be determined by on-site observation, review of organizational documents, personnel records, staffing schedules, and clinical records.

450:17-5-180. Person-Centered and Family-Centered Service Planning (CCBHC). Scoring Guidelines: Score as compliant if the following are present:

- Review of records validates compliance with (a), (b), (c) and (d). Apply Documentation Calculation for scoring.
 - Care plan documented within 30 days of admission to CBHCC, per (d)
 - Plan reflects input from the team, per (a)
 - Plan addresses, per (b) and (e)
 - Consumer's SNAP (strengths, needs, abilities, preferences)
 - Physical goals
 - Behavioral goals
 - Health and wellness needs
 - Addresses all services required
 - Has provision for monitoring of progress

- If applicable, education and training for consumer and caregiver consistent with caregiver responsibilities

***9 elements possible**

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
					90%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 nd review	3 rd review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

Notes:

OAC 450	17-5-181.	Core Standards Category: Clinical
Service plan; content (CCBHC)		

- (a) The service plan must address all services necessary to assist the client in meeting his or her physical and behavioral health goals, and include the following:
- (1) Consumer diagnoses, relative to behavioral and physical health conditions assessed by and addressed by the facility in terms of direct services provided and/or conditions for which the individual is referred elsewhere for treatment.
 - (2) Treatment goals, including preventive/primary care services;
 - (3) Interventions, including care coordination, physical health services, peer and family support services, targeted case management, as well as any accommodations to ensure cultural and linguistically competent services as applicable;
 - (4) A detailed statement of the type, duration, and frequency of services, including primary medical and specialty care, social work, psychiatric nursing, counseling, and therapy services, necessary to meet the consumer's specific needs;
 - (5) Medications, treatments, and individual and/or group therapies;
 - (6) As applicable, family psychotherapy with the primary focus on treatment of the consumer's conditions; and
 - (7) The interdisciplinary treatment team's documentation of the consumer's or representative's and/or primary caregiver's (if any) understanding, involvement, and agreement with the care plan.
 - (8) The consumer's advance wishes related to treatment and crisis management and, if the consumer does not wish to share their preferences, that decision is documented.

(b) Compliance with this Section will be determined by on-site review of clinical records and supported documentation.

450:17-5-181. Service plan; content (CCBHC). Scoring Guidelines: Score as compliant if the following are present:

- Review of records validates compliance with (a). Apply Documentation Calculation for scoring.
- Consumer diagnoses
 - Behavioral Health
 - Physical health
- Treatment goals
- Interventions
- Type, duration and frequency of services, including
 - Medical and specialty care
 - Social work, psychiatric nursing, counseling
 - Therapy services

- Medications, treatments,
- Individual/group therapies
- Family psychotherapy, if applicable
- Consumer's/caregiver's involvement and agreement with plan
- Consumer's advance wishes for crisis management

OR

If consumer doesn't wish to share advance wishes (preferences), this is documented.

****12 possible elements**

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
					90%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 nd review	3 rd review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

Notes:

OAC 450	17-5-182.	
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Review of Plan (CCBHC)**Core Standards Category: Clinical**

(a) The facility will review, revise, and document the individualized service plan as frequently as the consumer's conditions require, but no less frequently than every six (6) months.

(b) A revised active plan must include information from the consumer's initial assessment and comprehensive assessments and updates, the progress toward goals specified in the written care plan, and changes, as applicable, in goals.

(c) Compliance with this Section will be determined by outcome monitoring, performance improvement activity reports and consumer records.

450:17-5-182. Review of plan (CCBHC). Scoring Guidelines: Score as compliant if the following are present:

- Review of records verifies compliance with service plan revision/updates. Apply Documentation Calculation for scoring.
 - Service plan revised at least every six months
 - Revised service plan includes
 - Information from initial assessment and comprehensive assessments and updates
 - Progress toward goals
 - Changes in goals, as applicable

****Maximum of 4 elements possible**

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
					90%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 nd review	3 rd review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

Notes:

OAC 450	17-5-183.	Core Standards Category: Clinical
Care Coordination (CCBHC)		

(a) Based on a person and family-centered care plan and as appropriate, the facility will coordinate care for the consumer across the spectrum of health services, including access to physical health (both acute and chronic) and behavioral health care, as well as social services, housing, educational systems, and employment opportunities as necessary to facilitate wellness and recovery of the whole person.

(b) The facility must have procedures and agreements in place to facilitate referral for services needed beyond the scope of the facility. At a minimum, the facility will have agreements establishing care coordination expectations with Federally Qualified Health Centers (FQHCs) and, as applicable, Rural Health Centers (RHCs) to provide healthcare services for consumers who are not already served by a primary healthcare provider.

(c) The facility must have procedures and agreements in place establishing care coordination expectations with community or regional services, supports and providers including but not limited to:

- (1) Schools;
- (2) OKDHS child welfare;
- (3) Juvenile and criminal justice agencies;
- (4) Department of Veterans Affairs' medical center, independent clinic, drop-in center, or other facility of the Department; and
- (5) Indian Health Service regional treatment centers.

(d) The facility will develop contracts or memoranda of understandings (MOUs) with regional hospital(s), Emergency Departments, Psychiatric Residential Treatment Facilities (PRTF), ambulatory and medical withdrawal management facilities or other system(s) to ensure a formalized structure for transitional care planning, to include communication of inpatient admissions and discharges of BHH participants.

(1) Transitional care will be provided by the facility for consumers who have been hospitalized or placed in other non-community settings, such as psychiatric residential treatment facilities. The facility will make and document reasonable attempts to contact all consumers who are discharged from these settings within 24 hours of discharge.

(2) The facility will collaborate with all parties involved including the discharging/admitting facility, primary care physician, and community providers to

ensure a smooth discharge and transition into the community and prevent subsequent re-admission(s).

(3) Transitional care is not limited to institutional transitions, but applies to all transitions that will occur throughout the development of the enrollee and includes transition from and to school-based services and pediatric services to adult services.

(4) The facility will document transitional care provided in the clinical records.

(e) Care coordination activities will be carried out in keeping with the consumer's preferences and needs for care, to the extent possible and in accordance with the consumer's expressed preferences, with the consumer's family/caregiver and other supports identified by the consumer. The facility will work with the consumer in developing a crisis plan with each consumer, such as a Psychiatric Advanced Directive or Wellness Recovery Action Plan.

(f) Referral documents and releases of information shall comply with applicable privacy and consumer consent requirements. (Do not score releases here. Score them on 17-9-1.1.)

(g) Compliance with this Section will be determined by on-site observation, review of organizational documents, contracts, MOUs, and clinical records.

450:17-5-183. Care Coordination (CCBHC). Scoring Guidelines: Score as compliant if the following are present:

- Facility documentation verifies compliance with (a) and (c)
- Program has memoranda of agreements/understandings to facilitate referral, at a minimum FQHC's and, as applicable, RHC's, per (b)
- Facility documentation/clinical records verify compliance with (e)
- Review of records validates compliance with (d), if applicable. Apply Documentation Calculation for scoring.
 - o Documentation of referrals
 - o Documentation of transitional care provided, if applicable
 - o Crisis Plan has been developed with every consumer

****Maximum of 3 elements**

Date(s) of Review(s)	(A) Elements in Standard	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
					95%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 nd review	3 rd review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

Notes:

OAC 450	17-5-184.	Core Standards Category: Clinical
Crisis Services (CCBHC)		

(a) The Facility shall make crisis management services available through clearly defined arrangements, for behavioral health emergencies during hours when the facility is closed. The Facility will also provide crisis management services that are available and accessible 24 hours a day and delivered within three hours from the time services are requested.

(b) Facility will make available, either directly or through a qualified DCO, the following co-occurring capable services:

- (1) 24 hour mobile crisis teams;
- (2) Emergency crisis intervention services; and
- (3) Crisis stabilization.

(c) Crisis services must include suicide crisis response and services capable of addressing crises related to substance use disorder and intoxication, including ambulatory and medical withdrawal management.

(d) Facility will have an established protocol specifying the role of law enforcement during the provision of crisis services.

(e) Compliance with this Section shall be determined by facility policies and clinical records.

450:17-5-184. Crisis Services (CCBHC). Scoring Guidelines: Score as compliant if the following are present:

- Facility documentation verifies compliance with (a), including delivery time.
- Facility is compliant with 17-3-41
- Facility documentation verifies compliance with (b) for cases involving the need of specialty crisis services
- Facility documentation verifies compliance with Chapter 24 for the following standards: 24-3-61, 24-3-62, 24-3-63, 24-3-64, 24-3-65.

****SAMHSA only requires Level 1 ambulatory detox, not med detox.**

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 nd review	3 rd review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

Notes:

OAC 450	17-5-185.	Core Standards Category: Clinical
Outpatient therapy services (CCBHC)		

(a) The facility will directly provide outpatient mental health and substance use disorder services that are evidence-based or best practices, consistent with the needs of the individual consumers as identified in their individual service plan. In the event specialized services outside the expertise of the facility are required for purposes of outpatient treatment, the facility will make them available through referral or other formal arrangement with other providers or, where necessary and appropriate, through the use of telemedicine services.

(b) Evidence-based or best practices could include, but not be limited to the following:

- (1) Cognitive Behavior Therapy (CBT);
- (2) Trauma Focused Cognitive Behavior Therapy (TF-CBT);
- (3) Collaborative Assessment and Management of Suicidality (CAMS);
- (4) Chronic Care Disease Management; and
- (5) Motivational Interviewing.

(c) Outpatient therapy services shall include:

- (1) Individual therapy;
- (2) Group therapy;
- (3) Family therapy;
- (4) Psychological/psychometric evaluations or testing; and
- (5) Psychiatric assessments.

(d) Compliance with this Section shall be determined by facility policies and clinical records.

450:17-5-185. Outpatient therapy services (CCBHC). Scoring Guidelines: Score as compliant if the following are present:

- Facility documentation verifies compliance with (a), (b), and (c)

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 nd review	3 rd review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

Notes:

OAC 450	17-5-186.	Core Standards Category: Clinical
Case management services (CCBHC)		

(a) The facility is responsible for high quality targeted case management (TCM) services that will assist individuals in sustaining recovery, and gaining access to needed medical, social, legal, educational, and other services and supports. TCM should include supports for persons deemed at high risk of suicide, particularly during times of transitions such as from an emergency department or psychiatric hospitalization.

(b) The provision of TCM shall meet the requirements set forth in OAC 450:17-3 Part 11 and will be made available to all consumers as appropriate and identified in the individual service plan.

(c) Compliance with this Section shall be determined by a review of facility policy and clinical records.

450:17-5-186. Case management services (CCBHC). Scoring Guidelines: Score as compliant if the following are present:

- Facility documentation verifies compliance with (a)
 - Facility documentation verifies compliance with (b). Do not score (b). Instead score 17-3-101, 17-3-102, 17-3-103, 17-3-106

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 nd review	3 rd review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

Notes:

OAC 450	17-5-187.	Core Standards Category: Clinical
Behavioral health rehabilitation services (CCBHC)		

(a) The facility is responsible for providing evidence-based and other psychiatric rehabilitation services. Services to be considered include:

- (1) Medication education;
- (2) Self-management;
- (3) Community integration services;
- (4) Recovery support services including Illness Management & Recovery;
- (5) Financial management; and
- (6) Dietary and wellness education.

(b) The provision of behavioral health rehabilitation services shall meet the requirements set forth in OAC 450:17-3 Part 15 and will be made available to all consumers, as appropriate and identified in the individual service plan.

(c) Compliance with this Section shall be determined by a review of facility policy and clinical records.

450:17-5-187. Behavioral health rehabilitation services (CCBHC). Scoring Guidelines: Score as compliant if the following are present:

- Facility documentation verifies that evidence based and other psychiatric rehabilitation services, such as those in (a)(1-6) are provided.
- Facility documentation verifies compliance with (b). Do not score (b). Instead score 17-3-141, 17-3-144, 17-3-146 or 17-3-147

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 nd review	3 rd review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

Notes:

OAC 450	17-5-188.	Core Standards Category: Clinical
Peer Support Services (CCBHC)		

(a) The facility is responsible for the availability of peer recovery support and family/caregiver support services.

(b) The provision of Peer Recovery Support services shall meet the requirements set forth in OAC 450:17-3 Part 21 and will be made available to all consumers, as appropriate and identified in the individual service plan.

(c) Family support and training shall be made available to all child consumers and their families/caretakers, as appropriate and identified in the individual service plan.

(d) Compliance with this Section shall be determined by a review of facility policy and clinical records.

450:17-5-188. Peer Support Services (CCBHC). Scoring Guidelines: Score as compliant if the following are present:

- Facility documentation verifies compliance with (a)
 - Facility is compliant with 17-3-191
 - Facility is compliant with 17-3-192
 - Facility is compliant with 17-3-193
- *If deficiencies are found in 17-3-191, 17-3-192, or 17-3-193, this standard will be deficient.**
- Review of consumer records verifies that:
 - As identified on treatment plan, family support is made available to child consumers and their families/caretakers
 - As identified on treatment plan, training is made available to child consumers and their families/caretakers

Date(s) of Review(s)	(A) Elements	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
	2				95%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 nd review	3 rd review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

Notes:

OAC 450	17-5-189.	Core Standards Category: Clinical
Community-based mental health care for members of the Armed Forces and Veterans (CCBHC)		

(a) The facility is responsible for screening all individuals inquiring about services for current or past service in the US Armed Forces.

(b) The facility is responsible for intensive, community-based behavioral health care for certain members of the US Armed Forces and veterans, particularly those Armed Forces members located 50 miles or more from a Military Treatment Facility (MTF) and veterans living 40 miles or more from a VA medical facility.

(1) Active Duty Service Members (ADSM) must use their servicing MTF, and their MTF Primary Care Managers (PCMs) are contacted by the CCBHC regarding referrals outside the MTF.

(2) ADSMs and activated Reserve Component (Guard/Reserve) members who reside more than 50 miles (or one hour's drive time) from a military hospital or military clinic enroll in TRICARE PRIME Remote and use the network PCM, or select any other authorized TRICARE provider as the PCM. The PCM refers the member to specialists for care he or she cannot provide; and works with the regional managed care support contractor for referrals/authorizations;

(3) Members of the Selected Reserves, not on Active Duty (AD) orders, are eligible for TRICARE Reserve Select and can schedule an appointment with any TRICARE-authorized provider, network or non-network.

(4) Persons affirming former military service (veterans) are offered assistance to enroll in VHA for the delivery of health and behavioral health services. Veterans who decline or are ineligible for VHA services will be served by the CCBHC consistent with minimum clinical guidelines contained in the Uniform Mental Health Services Handbook.

(c) Care provided to veterans is required to be consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration (VHA), including guidelines contained in the Uniform Mental Health Services Handbook of such Administration. Clinical care and services for veterans will adhere to SAMHSA's definition and guiding principles of recovery, VHA recovery, and other VHA guidelines.

(d) The facility will ensure that every veteran seen for behavioral health services is assigned a Principal Behavioral Health Provider which will be made clear to the veteran and identified in the medical record. The principal behavioral health provider will ensure the following requirements are fulfilled:

(1) Regular contact is maintained with the veteran as clinically indicated by the treatment plan as long as ongoing care is required;

(2) A psychiatrist, or such other independent prescriber as satisfies the current requirements of the VHA Uniform Mental Health Services Handbook, reviews and reconciles each veteran's psychiatric medications on a regular basis;

- (3) Coordination and development of the veteran's treatment plan incorporates input from the veteran and veteran's family when allowed and appropriate;
- (4) Implementation of the treatment plan is monitored and documented which includes tracking progress in the care delivered, outcomes achieved and the goals attained.
- (5) The treatment plan is revised, as necessary, but no less than once every six (6) months;
- (6) The principal therapist or Principal Behavioral Health Provider communicates with the veteran about the treatment plan, and for addressing any of the veteran's concerns about their care. For veterans who are at high risk of losing decision-making capacity, such as those with a diagnosis of schizophrenia or schizoaffective disorder, such communications need to include discussions regarding future behavioral health care treatment.
- (7) The treatment plan reflects the veteran's goals and preferences for care and that the veteran verbally consents to the treatment plan in accordance with VHA Handbook requirements. For veterans who have been determined to lack capacity, the provider must identify the authorized surrogate and document the surrogate's verbal consent to the treatment plan.
- (e) Compliance with this Section shall be determined by a review of facility policies and clinical records.

450:17-5-189. Community-based mental health care for members of the Armed Forces and Veterans (CCBHC). Scoring Guidelines: Score as compliant if the following are present:

- Facility policy will verify compliance with (a), (b), and (c). Facility policy will describe how they will determine distances and render services, pursuant to (b) and (c).
- Facility policy/procedure addresses the principal therapist or PBHP communicating with the veteran about the treatment plan and addressing any concerns for treatment.
- Facility's documentation will verify compliance with (d). Review of consumer records verifies that:
 - One Principal Behavioral Health Provider (PBHP) is identified for each veteran on treatment plan.
 - Records exhibit regular contact between veteran and PBHP, per service plan's frequency
 - Veteran's psychiatric medications are reviewed/reconciled (on regular basis) by psychiatrist or independent prescriber.
 - Service plan exhibits input from veteran and veteran's family, as allowed/appropriate.
 - Treatment plan is monitored, via tracking progress in care delivered, outcomes achieved, and goals attained.
 - Treatment plan is revised every 6 months.
 - If applicable, if veterans are at risk of losing decision making capacity, communications are documented between therapist and veteran regarding future behavioral health care treatment.

- Service plan reflects veteran's goals
- Service plan reflects veteran's preferences of care
- Service plan reflects consent of veteran OR
Treatment surrogate (advocate) must be ID'd AND
 - surrogate must consent to plan

***11 elements possible

Date(s) of Review(s)	(A) Elements	(B) Records Reviewed	(C) Applicable Items (A) x (B)	(D) Number Met	(E) % Required	(F) % Met (D)/(C)	Met (F) =/> than (E)
					95%		

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 nd review	3 rd review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

Notes:

OAC 450	17-5-190.	
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(a) The facility shall utilize a functioning electronic health record (EHR) system that meets Meaningful Use standards, as defined in the Medicare and Medicaid Incentive Programs, or have a facility approved written plan with timeframes to obtain one.

(b) The facility shall document a plan to work with health information organizations to share referrals, continuity of care documents, lab results, and other health information and develop partnerships that maximize the use of Health Information Technology (HIT) across all treating providers.

(c) It is the facility's responsibility to arrange for access to any consumer data from a participating DCO as legally permissible upon creation of the relationship with the DCO and to ensure adequate consent as appropriate and that releases of information are obtained for each affected consumer.

(d) Compliance with (a) will be determined by review of documentation that certifies the electronic health record meets Meaningful Use standards or documentation of a plan to obtain one with implementation timeline.

(e) Compliance with (b) will be determined by on-site observation, review of policy, MOUs, clinical records, information available through an approved information system documenting that facility's consumers' records have been accessed and shared through a Health Information Exchange (HIE), and consultation with the ODMHSAS Decision Support Services and ODMHSAS Information Services Division.

450:17-5-190. Electronic health records and data sharing (CCBHC). Scoring Guidelines: Score as compliant if the following are present:

- Facility submits documentation to verify (a)
- Facility's documentation exhibits compliance with (b)

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 nd review	3 rd review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

Notes:

OAC 450	17-5-191.	Core Standards Category: Operational
Consumer (Patient Care) Registries and Population Health Management (CCBHC)		

(a) The facility must implement clinical decision support mechanisms following nationally published evidence-based guidelines for:

- (1) A mental health or substance use disorder;
- (2) A chronic medical condition;
- (3) An acute condition;
- (4) A condition related to unhealthy behaviors; and
- (5) Well child or adult care.

(b) Facility must have descriptions of programs in place to demonstrate how it encourages healthier lifestyles for consumers, including increased physical activity, better nutrition, avoidance of behavioral risks, and wider use of preventive care.

(c) The facility shall electronically submit data to a health home information management system, subject to prior approval by the Director of ODMHSAS Provider Certification, which will act as a consumer registry, care management device and outcomes measurement tool.

(d) The facility shall utilize information provided through the approved information system for the purpose of enrollment and discharge tracking, compliance, quality assurance, and outcome monitoring.

(e) Compliance will be determined by on-site observation, review of information available through an approved information system, and consultation with the ODMHSAS Decision Support Services and ODMHSAS Information Services Division.

450:17-5-191. Consumer (Patient Care) Registries and Population Health Management (CCBHC). Scoring Guidelines: Score as compliant if the following are present:

- Program descriptions and procedures exhibit compliance with (b) and (d)
- Verification is available of BHH electronically submitting data, per (c)

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 nd review	3 rd review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

Notes:

OAC 450	17-5-192.	Core Standards Category: Organizational
Data reporting, performance measurement and quality improvement (CCBHC)		

(a) Facility shall annually submit a cost report containing data elements as specified by ODMHSAS with supporting data within six months after the end of each calendar year.

(b) There shall be an ongoing performance improvement program designed to objectively and systematically monitor, evaluate and improve the quality of consumer care related to facility operations.

(c) The performance improvement activities must:

- (1) Focus on high risk, high volume, or problem-prone areas.
- (2) Consider incidence, prevalence, and severity of problems.
- (3) Give priority to improvements that affect behavioral outcomes, client safety, and person-centered quality of care.

(d) Performance improvement activities must also track adverse client events, analyze their causes, and implement preventive actions and mechanisms.

(e) The program must use quality indicator data, including client care, and other relevant data in the design of its program.

(f) The facility must use the data collected to monitor the effectiveness and safety of services and quality of care and identify opportunities and priorities for improvement.

(g) The functions and processes outlined in (a) through (e) shall be evidenced in an annual written plan for performance improvement activities. The plan shall include but not be limited to:

(1) Outcomes management processes which include measures required by CMS and the State and may also include measures from the SAMHSA National Outcomes Measures, NCQA, and HEDIS as required to document improvement in population health.

(2) Quarterly record review to minimally assess:

- (A) Quality of services delivered;
- (B) Appropriateness of services;
- (C) Patterns of service utilization;
- (D) Treatment goals and objectives based on assessment findings and consumer input;
- (E) Services provided which were related to the goals and objectives;
- (F) Patterns of access to and utilization of specialty care; and
- (G) The care plan is reviewed and updated as prescribed by policy.

(3) Review of critical incident reports and consumer grievances or complaints.

(h) Compliance with this Section will be determined by a review of the written program evaluation plan, program goals and objectives and other supporting documentation

provided as well as policy, cost report and annual written plan.

450:17-5-192. Data reporting, performance measurement and quality improvement (CCBHC). Scoring Guidelines: Score as compliant if the following are present:

- Facility has evidence of an annual cost data report performed within 6 months after the end of the calendar year.
- Facility documentation verifies compliance with (b), (c), (d), (e), and (f)
- Facility performs an annual written plan for performance improvement activities, per (g)

	<u>POLICIES</u>			Renewal or Subsequent	Follow-up	Additional Follow-up
	1st review	2 nd review	3 rd review			
Date of Policy Review						
Not Applicable						
Compliant						
Not Reviewed						
Not Compliant						

Notes:
