2023 CCBHC Criteria Revision Summary

On March 16, 2023, the Substance Abuse and Mental Health Services Administration (SAMHSA) released updated criteria for certifying community behavioral health clinics (CCBHCs) in compliance with the statutory requirements outlined under Section 223 of PAMA.

This document includes a brief digest of key changes but is not a comprehensive summary of all changes. **A detailed summary of all changes can be accessed here.**

Timeline for Implementation

SAMHSA also released guidance on timelines for states and clinics to come into compliance with the revised criteria.

- **Current SAMHSA CCBHC Expansion Grantees (IA and PDI)** will be expected to meet the updated criteria by July 1, 2024 and should submit revised attestations in consultation with their Grant Project Officer demonstrating their compliance. Grants awarded after the release of the revised criteria will be expected to come into compliance with the new criteria during their initial attestation.
- **Existing Section 223 CCBHC Demonstration States** are expected to come into compliance with the Updated Certification Criteria by the start of the demonstration year beginning on or after July 1, 2024.
- **Other state CCBHC programs or initiatives** to support CCBHCs through mechanisms such as general funds, Medicaid state plan authorities, or Medicaid waivers are encouraged to adopt the Updated Certification Criteria by July 1, 2024.

Summary of Key Changes

Key Changes to General Provisions

- Changes requirement for CCBHCs to directly provide four of the nine CCBHC required services to requirement that ***CCBHCs directly deliver the majority (51% or more) of encounters*** across the required services (excluding Crisis Services) rather than through Designated Collaborating Organizations (DCOs). This allows more flexibility in how CCBHCs determine which services to provide directly and how to engage with other providers across the community (Criteria 4.a).
- ***Enhances definition of Designated Collaborating Organization (Appendix A – Terms and Definitions).*** Additional clarity provided on the mechanisms for formal relationships and payment mechanisms with DCOs. Addresses expectations that DCO relationships require more regular, intensive collaboration across organizations than would take place with other types of care coordination partners.

- ***Detailed expectations of Needs Assessments (Appendix A – Terms and Definitions).*** The CCBHC needs assessment is critical to development of staffing, services and implementation plan. The revised criteria include a detailed list of required elements, inputs and engagements within the needs assessment.

Key Changes to Staffing Provisions

- Removes the requirement that only CCBHCs operating within behavioral health professional shortage areas are permitted to hire a non-psychiatrist as the Medical Director (Criteria 1.b).

Key Changes to Access and Availability Provisions

- Reduces required frequency of treatment plan reviews and updates from four times per year (every 90 days) to two times per year (every 6 months) and that changes are endorsed by the person receiving services (Criteria 2.b).
- Clarifies that CCBHCs are not required to provide continuous services including telehealth to individuals who live outside of the CCBHC service area. The CCBHC is responsible for providing, at minimum, crisis response, evaluation, and stabilization services in the CCBHC service area regardless of place of residence (Criteria 2.e).

Key Changes to Care Coordination Provisions

- Permits CCBHCs flexibility to document joint protocols and roles in absence of formal agreements to address challenges CCBHCs have experienced in obtaining legal arrangements with care coordination partners (Criteria 3.c).
- Clarifies which care coordination partnerships are required and which are recommended. Adds OTP services, medical withdrawal management facilities, 988 Suicide & Crisis Lifeline and tribally operated mental health and substance use services including crisis services, as required partnerships (Criteria 3.c).
- Adds the requirement that the state Prescription Drug Monitoring Program (PDMP) must be consulted before prescribing medications and during the comprehensive evaluation to the extent that state law allows (Criteria 3.a).
- Clarifies the required core set of certified health IT capabilities that align with key clinical practice and care delivery requirements for CCBHCs and allows for development of an implementation plan towards meeting these requirements over time rather than at time of certification (Criteria 3.b).

Key Changes to Service Provisions

Crisis

- Establishes minimum standards for the required CCBHC crisis services (emergency crisis intervention services, mobile crisis response and crisis stabilization) in alignment with the *National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit*.
    - Expectations for mobile crisis care team availability and to respond within one hour (2 hours in rural and frontier settings) from dispatch time, not to exceed 3 hours. Revisions permit the use of technologies when remote travel distances make response times unachievable.
    - Requires the CCBHC provide or coordinate with telephonic, text, and chat crisis intervention call centers that meet 988 Suicide & Crisis Lifeline standards for risk assessment and engagement of individuals at imminent risk of suicide and participate in in any state, regional, or local systems which provide quality coordination of crisis care in real-time.
    - Describes that crisis receiving/stabilization services must include at minimum, urgent care/walk-in mental health and substance use disorder services for voluntary individuals, including services that identify the individual's immediate needs, de-escalate the crisis, and connect them to a safe and least-restrictive setting for ongoing care.
- If a CCBHC or state is seeking to establish a DCO for crisis services with a state-sanctioned, certified or licensed crisis system that has less stringent standards, approval must be requested from HHS.

Mental Health and Substance Use Outpatient

- Outlines a minimum set of outpatient services (Criteria 4.f.1) which includes delivery of evidence-based and best practices in individual, family and medication therapies as well as substance use treatment services that align with ASAM level 1 outpatient and ASAM level 2.1 intensive outpatient services and includes treatment of tobacco use disorders.

Primary Care Screening and Monitoring

- Clarifies primary care screening and monitoring expectations, including requirements to adopt protocols that conform to screening recommendations of the United States Preventive Services Task Force Recommendations for the following conditions: HIV and viral hepatitis; primary care screening pursuant to CCBHC quality and reporting and quality measures requirements; other clinically indicated primary care key health indicators (Criteria 4.g).
- Requires protocols to screen people receiving services across the lifespan and establishing systems for the collection of laboratory samples. Clarifies that laboratory analyses can be done directly or through another arrangement with an organization separate from the CCBHC (Criteria 4.g).

Other Key Service Updates

- Enhances clarity on scope and service requirements of psychiatric rehabilitation and requires inclusion of supported employment programs (Criteria 4.i).
- Updates the definition of peer support and description of peer services, as well as the variety of roles that peers can perform (Criteria 4.j).

Key Changes to Quality and Other Reporting

- Revises CCBHC quality measures to reduce the number of required clinic-reported measures from 9 to 5 measures, one being a new measure on screening for social drivers of health.
- Revises state-reported measures so that there are now 13 required and 2 optional measures. Notable additions to required measures: use of pharmacotherapy for OUD and HA1c control for patients with diabetes. Certifying states may require CCBHCs to collect and report optional clinic level measures.
- Clarifies that CCBHCs' CQI plans must address how the CCBHC will review known significant events, including fatal and non-fatal overdoses, deaths by suicide or suicide attempts, and all-cause mortality (Criteria 5.b).

Key Changes to Organizational Authority, Governance, and Accreditation

- Further clarifies requirements and implementation options to demonstrate meaningful participation in CCBHC governance by individuals with lived/living experience and families (Criteria 6.b).
- Requires that CCBHC be enrolled as a Medicaid provider and licensed provider of both mental health and substance use disorder services unless there is a state administrative, statutory, or regulatory framework that prevents or substantially prevents the CCBHC organization provider type from obtaining the necessary licensure, certification, or accreditation to provide these services. CCBHCs are also required to participate in the SAMHSA Behavioral Health Treatment Locator (Criteria 6.c).