



CABINET FOR HEALTH
AND FAMILY SERVICES

Certified Community Behavioral Health Clinics

Program Requirements 5 & 6 Training



Presented by



Documentation Source

The following slides include the most recently published information provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) at the time of this presentation.

Certified Community Behavioral Health Clinic (CCBHC) Certification Criteria – Updated March 2023:

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

SAMHSA State Questions and Clarifications:

https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-state-questions-clarifications.pdf



Disclaimer

- Clinics applying for certification as a Kentucky CCBHC must be knowledgeable of and compliant with SAMHSA CCBHC criteria. The following training information contains an overview of state expectations related to specific SAMHSA CCBHC criteria.
- Please note, the following slides contain a summary of the SAMHSA 2023 CCBHC criteria. Clinics should refer to the most recent CCBHC criteria for the most up to date information from SAMHSA.





Training Objective:

To ensure CCBHC providers have a strong understanding of program requirements 5 and 6: Data Reporting and Collection, Continuous Quality Improvement, and Requirements of Organizational Authority, Governance, and Accreditation.





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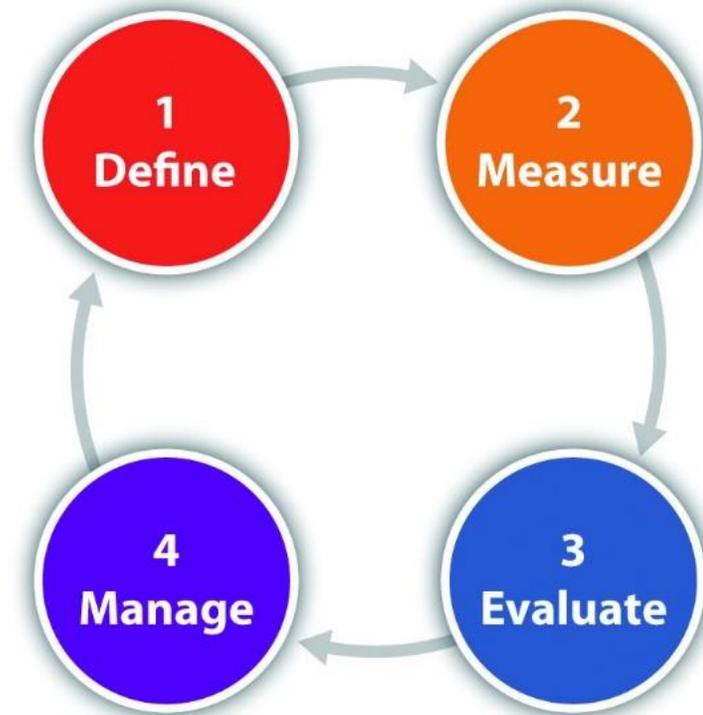
Program Requirement 5: Quality and Other Data Reporting



5.A Data Collection, Reporting and Tracking

The CCBHC has the capacity to collect, report, and track encounter, outcome, and quality data, including but not limited to data capturing the following:

- Characteristics of people receiving services;
- Staffing;
- Access to services;
- Use of services;
- Screening, prevention, and treatment;
- Care coordination;
- Other processes of care;
- Costs; and
- Outcomes of people receiving services



Note: See SAMHSA Criteria 3.b for requirements regarding health information systems.



Criteria 5.A Data Collection, Reporting and Tracking

CCBHCs are **required** to collect and report their Clinic-Collected quality measures for all people receiving CCBHC services annually.

It is the responsibility of the CCBHC to collect and report data on services provided by any DCO.

As defined in SAMHSA Quality Measures technical specifications, clinic-led quality measures are to be reported to the state no later than **nine (9) months** after the end of the measurement year.

States are required to submit all State and Clinic-collected measures to SAMHSA annually no later than 12 months after the end of the measurement year.

Note: Refer to Appendix B for CCBHC clinic-collected quality measure requirements.



To measure the performance of health care providers, health care systems, or insurers



To inform quality improvement initiatives in health care settings



To compare performance of providers over time or performance across providers



Criteria 5.A Data Collection, Reporting and Tracking

- CCBHCs participating in the Section 223 Demonstration program will participate in discussions with the national evaluation team and participate in other evaluation-related data collection activities as requested.
- CCBHCs participating in the Section 223 Demonstration program annually submit a cost report with supporting data within **six months** after the end of each Section 223 Demonstration year to the state. The state will review the submission for completeness and submit the report and any additional clarifying information within **nine months** after the end of each Section 223 Demonstration year to CMS.
- Only clinics certified by the state will receive payment using the CCBHC PPS.



5.B Continuous Quality Improvement (CQI) Plan

- The CCBHC develops, implements, and maintains an effective, CCBHC-wide CQI plan and review process for **all** services provided. This critical review process focuses on performance, clinical outcomes, and implementation to staffing, services, and availability to improve **data quality** and **timeliness** to services. The CQI plan focuses on indicators related to improved behavioral and physical health outcomes such as reductions in emergency department use, rehospitalization, and repeated crisis episodes.
- The CQI plan addresses how the CCBHC will review known significant events including:
 - Deaths by suicide or suicide attempts of people receiving services;
 - Fatal and non-fatal overdoses;
 - All-cause mortality among people receiving CCBHC services;
 - 30-day hospital readmissions for psychiatric or substance use reasons; and
 - Other events the state or applicable accreditation bodies may deem appropriate.



5.B Continuous Quality Improvement (CQI) Plan

The CQI plan is data-driven and the CCBHC needs to consider the use of quantitative and qualitative data in their CQI activities.

At a minimum, the CQI plan should:

- Address the data resulting from collection of CCBHC quality measures, clinic-led, as well as state-led.
- Include a focus on populations experiencing health disparities including racial and ethnic groups and sexual and gender minorities
- Include how the CCBHC will use disaggregated data from the quality measures to improve outcomes.
- Include examination of significant events and remediation strategies for those events.



Things to Consider:

- The data collection process is comprehensive and occurs through multiple areas to include client demographics, diagnoses, treatment plans, service utilization, and outcomes.
- The CCBHC should analyze the collected data to identify trends and areas for improvement to inform clinical decision making.
- The CCBHC ensures the data integrity through regular quality checks.
- Ensure staff are adequately trained in data collection methods and quality standards



Reminder

- Additional guidance related to Quality Measures and Other Reporting is included in the **KY CCBHC Quality Measures Training**.
- Please ensure that all appropriate agency staff complete the **KY CCBHC Quality Measures Training**.





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Program Requirement 6: Organizational Authority, Governance, and Accreditation

6.A General Requirements of Organizational Authority and Finances

The CCBHC maintains documentation establishing the CCBHC conforms to at least **one** of the following statutorily established criteria:

Is a non-profit organization exempt from tax under Section 501(c)(3) of the United States Internal Revenue Code;

Is part of a local government behavioral health authority;

Is operated under the authority of the Indian Health Service, an Indian tribe, or tribal organization 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.);

Is an urban Indian organization 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.).



6.A General Requirements of Organizational Authority and Finances

CCBHC must have an **annual independent financial audit** for the duration the clinic is designated a CCBHC, in accordance with federal audit requirements, and, where indicated, a corrective action plan is submitted addressing all findings, questioned costs, reportable conditions, and material weakness cited in the Audit Report.



6.B Governance

CCBHC governance must be informed by representatives of the individuals being served by the CCBHC in terms of demographic factors such as geographic area, race, ethnicity, sex, gender identity, disability, age, sexual orientation, and in terms of health and behavioral health needs.

The CCBHC will incorporate meaningful participation from **individuals with lived experience** of mental and/or substance use disorders and their families, including youth. CCHBCs reflect substantial participation by one of two options:

- **Option 1:** At least **fifty-one percent** of the CCBHC governing board is comprised of **individuals with lived experience** of mental and/or substance use disorders and families.

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6.B Governance

Option 2: Other means (alternate arrangements) are **established** to demonstrate **meaningful participation in board governance** involving people with lived experience (such as creating an advisory committee that reports to the board). Individuals with lived experience of mental and/or substance use disorders and family members of people receiving services must have representation in governance that assures input into:

- Identifying community needs and goals and objectives of the CCBHC.
- Service development, quality improvement, and the activities of the CCBHC.
- Fiscal and budgetary decisions.
- Governance (human resource planning, leadership recruitment and selection, etc.).
- The governing board must **establish protocols** for incorporating input from individuals with lived experience and family members.
- Board meeting summaries must be shared with participants in the **alternate arrangement** and recommendations entered into the formal board record.
- Member(s) of any alternate arrangement established under section 2 must be **invited** to the board meetings.
- Representatives from alternate arrangement must have the **opportunity** to directly address, the board of directors, share recommendations, and have their comments and recommendations recorded in the board minutes.
- CCBHC provides **staff support** for posting an annual summary of the recommendations from the alternate arrangement under option 2 on the CCBHC website.



6.B Governance

- If **Option 1** is chosen, the CCBHC must describe how it meets this requirement, or provide a transition plan with a timeline that indicates how it will do so.
- If **Option 2** is chosen then states will determine if this approach is acceptable, and, if not, require additional mechanisms that are acceptable. The CCBHC must make available the results of its efforts in terms of outcomes and resulting changes.



6.B Governance

- If the CCBHC is a governmental organization, subsidiary, or part of a larger corporate organization and **cannot meet these requirements** for board membership, the CCBHC will **specify** the reasons why it cannot meet these requirements.
 - The CCBHC will need to develop an **advisory structure** and describe other methods for individuals with **lived experience** and families to provide meaningful participation as defined in 6.b.1.
- Members of the governing or advisory boards will be **representative** of the **communities** the **CCBHC serves** and will be selected for their **expertise** in health services, community affairs, local government, finance and accounting, legal affairs, trade unions, faith communities, commercial and industrial concerns, or social services agencies within the communities they serve. No more than one half (**50 percent**) of the governing board members may derive more than **10 percent** of their **annual income** from the health care industry.



6.C Accreditation

- The CCBHC must be enrolled as a **Medicaid provider** and licensed, certified, or accredited in both mental health and substance use disorder services including developmentally appropriate services to children, youth, and their families, unless there is a state or federal administrative, statutory, or regulatory framework that prevents the CCBHC from obtaining such.
 - The CCBHC is **required** to participate in the **SAMHSA Behavioral Health Treatment Locator**.
- State-certified clinics are selected as CCBHCs for a period of time determined by the state but no longer than **three years before recertification**. States may **decertify** a CCBHC if they fail to meet the criteria, if there are changes in the state CCBHC program, or for other reasons identified by the state.
- For enrollment as a Medicaid Provider Type 16 CCBHC, Kentucky requires accreditation by a national accrediting body.
- Accreditation does NOT mean deemed status for CCBHC certification purposes.



Things to Consider:

- Is your Board of Directors structure compliant with CCBHC criteria?
- If your Board of Directors structure is NOT compliant with criteria, what plan do you have to ensure compliance?
- What percent of your agency's governing or advisory board represents individuals being served with lived experience of mental and/or SUD, including families and youth?
- How do you ensure that no more than one half (**50 percent**) of governing board members derive more than **10 percent** of their **annual income** from the health care industry?



Additional Information

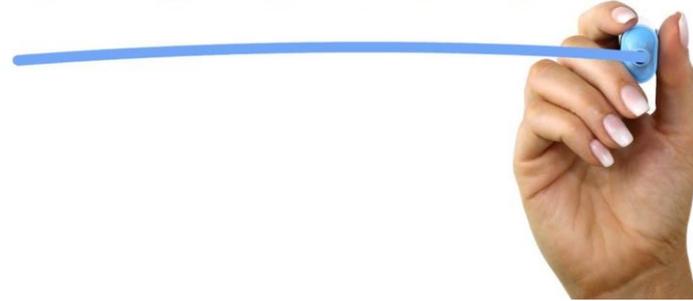
Kentucky DMS will be providing additional **technical assistance** to new CCBHC providers.

When your agency has completed all the **required trainings**, please fill out the attestation document (available on the CCBHC website) and email to

ccbhc@ky.gov



QUESTIONS



For any additional questions, please contact:

CCBHC@ky.gov

