

# Kentucky CCBHC Demonstration

## CCBHC Service Site Request

(To be submitted for DMS approval to add or close CCBHC service locations)

### CCBHC Information

CCBHC Agency Name: \_\_\_\_\_

Request Date: \_\_\_\_\_

CCBHC Primary Contact: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

### Location Information

Is CCBHC proposing to add a new service location: Yes No

Is CCBHC proposing to close an existing CCBHC service location: Yes No

### Service Site Addition

Proposed date of site addition: \_\_\_\_\_

Site Address (including County): \_\_\_\_\_

Service(s) proposed to be provided at this location:

List CCBHC Service Codes to be used:

Is the need for this location confirmed by the Community Needs Assessment: Yes No

Does the CCBHC employ adequate and appropriate staff to support this location: Yes No

Provide information on how the Community Needs Assessment supports addition of this location. Include information on how people served will access all 9 CCBHC services in a reasonably accessible manner if not provided at this location:

*(Updated CCBHC Staffing-Locations-Services workbook submission is required. Workbook should include new location information)*

### Service Site Closure

***\*\*CCBHC service site closures must be supported by Community Needs Assessment findings and not based solely on agency convenience***

Proposed date of site closure: \_\_\_\_\_

DMS Location Identifier: \_\_\_\_\_

Site Address (including County): \_\_\_\_\_

Service(s) currently provided at this location:

Does the Community Needs Assessment support closure of this service site: Yes No

Please explain. Provide information as to how the Community Needs Assessment supports closure of this location, including how people in the surrounding area will access CCBHC services.: