

CCBHC

Standards

Section 1: Staffing

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Disclaimer

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10,000 foot view



Section 1: Staffing Overview

1.A. GENERAL STAFFING REQUIREMENTS

1.B. LICENSURE AND CREDENTIALING OF PROVIDERS

1.C. CULTURAL COMPETENCE AND OTHER TRAINING

1.D. LINGUISTIC COMPETENCE

1.A. General Staffing Requirements

1.a.1.

A. Is there a copy of the state-prepared needs assessment available to review on site? How are the identified needs being addressed by the clinic? Does the clinic adequately meet the cultural, linguistic and treatment needs of the population serviced?



1.A. General Staffing Requirements

- B. Does the clinic have a defined service area that is considered in their planning and service delivery?
- C. Skip for initial review: -Is there evidence that the clinic reassesses needs and staffing at least every 3 years?



1.A. General Staffing Requirements


1.a.2

A. On the basis of the needs assessment, is the staff the consumer population in terms of size and composition and providing (those responsible for carrying out both clinical and the types of services the CCBHC is required to and proposes to offer. nonclinical services) appropriate for: (1) serving the patient population in terms of size and composition Note: See criteria 4.K relating to required staffing of services for and (2) providing the types of services that the veterans. clinic is required to and proposes to offer?




1.A. General Staffing Requirements

1.a.3



A. Does the clinic have a management team structure with key personnel identified by name, including a CEO or Executive Director/Projector Director and a Medical Director? Note: depending on the size of the clinic, both positions (CEO/Executive Director and The Medical Director may be held by the same person.



1.A. General Staffing Requirements



B. Is a psychiatrist designated as Medical Director? If not, is there documentation regarding (1) the clinic's location is a HRSA-designated behavioral health professional shortage area, (2) that reasonable efforts to obtain a psychiatrist as Medical Director were made, (3) arrangements for psychiatric consultation have been made to review the medical components of care, and (4) the name and credentials of an alternate prescribing medical care (non-psychiatrist) provider who serves as the clinic Medical Director.



1.A. General Staffing Requirements

1.a.4


A. Does the clinic have documentation of for the staffing and scope of services provided. liability/malpractice insurance adequate for the staffing and scope of services provided (, e.g., policy and coverage schedule)?






Criterion 1B: Licensure and Credentialing of Providers

1.b.1



A. Are all clinic and DCO providers appropriately licensed or certified to perform the activities and services procedures detailed within the clinic's approved scope of services?





Criterion 1B: Licensure and Credentialing of Providers


B. Does the clinic have a method for tracking all providers and ensuring that they maintain their licensure, certification, or credentialing, as appropriate?

C. Is there documentation that any unlicensed providers who are working toward licensure are receiving the supervision required as part of that process?




Criterion 1B: Licensure and Credentialing of Providers

1.b.2



A. Does the clinic's staffing plan meet the requirements of the state behavioral health authority and any accreditation or other standards required by the state?





Criterion 1B: Licensure and Credentialing of Providers

B. Does the clinic include a medically trained behavioral health care provider who can prescribe and manage medications independently under state law, including buprenorphine and other medications used to treat opioid and alcohol use disorders as well other medical or psychiatric disorders?

C. Are peer staff members included in the staffing plan?

D. Does the clinic either employ or make available through formal arrangements providers who are credentialed substance abuse specialists?

Criterion 1B: Licensure and Credentialing of Providers

E. Does the clinic have staff with expertise in addressing trauma and promoting the recovery of children and adolescents with SED, adults with SMI, and those with primary or co-occurring substance use disorders?

F. Is the clinic located in a behavioral health professional shortage area (as determined by HRSA) and, if so, is that documented? (Please see 1.a.3.B above)

G. Does the clinic take appropriate steps (e.g., scheduling providers at multiple clinics, use of telehealth services or online services, use of supervised providers-in-training) to alleviate professional shortages where they exist?

Criterion 1C: Cultural Competence and other Training

1.c.1

A. Does the clinic have a training plan in compliance with state standards for all staff employed and contracted to provide services to consumers and their families? This includes providers at DCOs who serve clinic consumers

B. At orientation and at reasonable intervals thereafter, do all clinic personnel, including those providers who are contracted with or work at a DCO, receive training that addresses cultural competency; person-centered, family-centered, recovery-oriented, evidence-based, and trauma informed care; primary care/behavioral health integration; and the clinic's continuity plan?

Criterion 1C: Cultural Competence and other Training

C. At orientation and annually thereafter, does the clinic provide (at a minimum) training on (1) risk assessment, suicide prevention, and suicide response; (2) the roles of families and peers; and (3) other trainings required by the state or accrediting agency?

D. Are cultural competency trainings and materials provided to staff to address diversity within the population being served? Are these sufficient and effective?

E. If veterans are served, does cultural competency training satisfy the requirements of criteria 4.K?



Criterion 1C: Cultural Competence and other Training

1.c.2

A. Does the clinic have written policies and procedures that describe the methods for assessing the skills and competencies of providers? Are these policies and procedures routinely followed, and records kept of these assessments?

B. Are in-service training and education programs provided for individuals furnishing services (as necessary)?

C. Does clinic maintain a list of in-service training and educational programs provided during the previous 12 months?

Criterion 1C: Cultural Competence and other Training

1.c.3

A. Within personnel records, does the clinic maintain documentation that staff have completed training(s) and demonstrated competencies?

1.c.4

A. Do individuals who provide staff training have the qualifications to do so as evidenced by their education, training, and experience?



Criterion 1.D: Linguistic Competence and Confidentiality of Patient Information

1.d.1

A. Are clinic services to consumers with LEP consistent with the results of the needs assessment?

1.d.2

A. Are interpretation/translation service(s) provided that are appropriate and timely for the size/needs of the LEP clinic consumer population (e.g., bilingual providers, onsite interpreter, and language telephone line)?

Criterion 1.D: Linguistic Competence and Confidentiality of Patient Information

B. Are interpreters trained to function in a medical setting (e.g., confidentiality, plain language)?

1.d.3

A. Are auxiliary aids and services readily available and responsive to the needs of consumers with disabilities (e.g., sign language interpreters, TTY lines)?

Criterion 1.D: Linguistic Competence and Confidentiality of Patient Information

1.d.4

A. On the basis of the findings of the needs assessment, are documents or messages vital to a consumer's ability to access clinic services (e.g., registration forms, sliding-scale fee discount schedule, after-hours coverage, signage) available for consumers in languages common in the community served, taking account of literacy levels and the need for alternative formats (for consumers with disabilities) and are they provided in a timely manner?



Criterion 1.D: Linguistic Competence and Confidentiality of Patient Information

B. Are consumers made aware of these resources at the time of intake ?



1.d.5

A. Do clinic policies have explicit provisions for ensuring that all employees, affiliated providers, and interpreters understand and adhere to confidentiality and privacy requirements applicable to the service provider, including but not limited to the requirements of HIPAA, 42 CFR Part 2, patient privacy requirements specific to care for minors, and other state and federal laws?



Criterion 1.D: Linguistic Competence and Confidentiality of Patient Information

B. Is consumer consent (including permission to communicate with other health care providers and sometimes a consumer's family or friends) regularly sought, explained, documented, and updated?



Next Training Webinar: November 27, 2018. 11am

Section 2: AVAILABILITY and ACCESS of SERVICES

- GENERAL REQUIREMENTS of ACCESS and AVAILABILITY
- REQUIREMENTS for TIMELY ACCESS to SERVICES and INITIAL and COMPREHENSIVE EVALUATION for NEW CONSUMERS
- ACCESS to CRISIS MANAGEMENT SERVICES
- NO REFUSAL of SERVICES DUE to INABILITY to PAY
- PROVISION of SERVICES REGARDLESS of RESIDENCE

CCBHC Cohort 2 November/December Meeting Schedule

- November 13, 2018 at 11am
- December 4, 2018 at 11am
- December 18, 218 at 11am

Questions?

Thank you for participating!

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