CCBHC

Standards

Section 4: State Certification Guide:

Scope of Servcies

Mark Disselkoen, MSW, LCSW, LADC CASAT

January 8, 2019

Disclaimer

• The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

Attribution Statement

Funding for CASAT coordinated workshops was provided in whole or in part by the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Substance Abuse Prevention and Treatment Agency (SAPTA) through the Substance Abuse Prevention and Treatment (SAPT) Block Grant from the Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. DHHS, SAMHSA, or the State of Nevada.



Section 4: Scope of Services 4.A through 4.E

- 4.A. General Service Requirements
- 4.B. Requirement of Person Centered and Family-Centered Care
- 4.C. Crisis Behavioral Health Services
- 4.D. Screening, Assessment, and Diagnosis
- 4.E. Person Centered and Family-Centered Treatment Planning

4.a.1.

A. Do the formal agreements between the clinic and its DCOs make it clear that the clinic retains ultimate clinical responsibility for services provided by the DCOs to clinic consumers?

B. Does the clinic provide the majority of the care for clinic consumers?

4.a.2.

A. If not available directly through the clinic, are all clinic services provided through a DCO, with the exception of individually required specialty services for which a referral may be needed?

B. Do clinic consumers have the freedom to choose providers within the clinic and its DCOs?

4.a.3.

A. With regard to clinic or DCO services, does the grievance process satisfy the minimum requirements of Medicaid and other grievance requirements such as those that may be mandated by relevant accrediting entities?

B. Do clinic consumers have access to the clinic's grievance procedures?

4.a.3.

C. Do the formal agreements between the clinic and its DCOs make clear that clinic consumers will have access to clinic grievance procedures for clinic services provided by the DCO and that the DCO must accommodate the outcome of the clinic grievance process?

4.a.4.

A. How does the clinic ensure that services provided by the DCO meet the same quality standards as those provided by the clinic?

B. Do the formal agreements between the clinic and its DCOs make clear that clinic services provided by the DCO must meet the same quality standards as those required of the clinic?

4.a.5

A. Do the entities with which the clinic coordinates care and all clinic DCOs, taken in conjunction with the clinic itself, satisfy these criteria?

Criteria 4.B: Requirement of Person-Centered and Family Centered Care

4.b.1.

A. Are all clinic services, including those supplied by its DCOs, provided in a manner (1) reflecting person- and family-centered, recovery-oriented care; (2) respectful of the individual consumer's needs, preferences, and values; and (3) ensuring both consumer involvement and self-direction of services received?

B. Are the services for children and youth, family- centered, youth-guided, and developmentally appropriate?

Criteria 4.B: Requirement of Person-Centered and Family Centered Care

4.b.2.

A. Does the clinic provide person-centered and family- centered care that recognizes particular cultural and other needs as reflected in the results of the needs assessment?

Criteria 4.C: Crisis Behavioral Health Services

4.c.1.

A. Does the clinic directly provide robust and timely crisis behavioral health services as defined by the state, including 24-hour mobile crisis teams, emergency crisis interventions services, and crisis stabilization, or are those services provided by an existing state-sanctioned, certified, or licensed system or network that serves as a DCO?

B. Of the crisis behavioral health services provided, are the following included: suicide crisis response and services capable of addressing crisis related to substance abuse and intoxication, including ambulatory and medical detoxication?

Criteria 4.C: Crisis Behavioral Health Services

C. Of the crisis behavioral health services provided, are all specific services required by the state provided in a robust and timely manner? Specific services required by the state include: [STATE INSERTS ITS REQUIREMENTS].

D. Does the clinic have an established protocol that specifies the role of law enforcement during the provision of crisis services?

4.d.1.

A. Does the clinic provide screening, assessment, and diagnosis, including risk assessment, for behavioral health conditions?

B. If specialized services beyond the clinic's expertise are required, does the clinic provide them by referral through a formal relationship with other providers or through the use of telehealth/telemedicine services, when appropriate?

4.d.2.

A. Are screening, assessment, and diagnosis services conducted in a timely manner as defined by the state and in a time frame that is responsive to the consumer's needs?

B. Are screening, assessment, and diagnostic services sufficient to assess the need for all services provided by the clinic and its DCOs?

4.d.3.

A. Does the initial evaluation of the consumer include the following: (1) preliminary diagnoses; (2) source of referral; (3) reason for seeking care, as stated by the consumer or other individuals who are significantly involved; (4) identification of the consumer's immediate clinical care needs related to the diagnoses for mental and substance use disorders; (5) a list of current prescriptions and over-the-counter medications, as well as other substances the consumer may be taking; (6) an assessment of whether the consumer is a risk to self or to others, including suicide risk factors; (7) an assessment of whether the consumer has other concerns for their safety; (8) an assessment of need for medical care (with referral and follow-up as required); (9) a determination of whether the person presently is or ever has been a member of the U.S. Armed Services; and (10) such other assessment as the state may require as part of the initial evaluation? Specific assessments required by the state include: [STATE INSERTS ITS REQUIREMENTS].

4.d.4.

A. Is a comprehensive person-centered and family- centered diagnostic and treatment planning evaluation completed within 60 days by licensed behavioral health professionals who, in conjunction with the consumer, are members of the treatment team, performing within the state's scope of practice?

- A. Does the comprehensive diagnostic and treatment planning evaluation meet state, federal, or applicable accreditation standards? State-specific requirements for evaluation include: [STATE INSERTS ITS REQUIREMENTS].
- 1) reasons for seeking services at the CCBHC, including information regarding onset of symptoms, severity of symptoms, and circumstances leading to the consumer's presentation to the CCBHC;

- (2) a psychosocial evaluation including housing, vocational and educational status, family/caregiver and social support, legal issues, and insurance status;
- (3) behavioral health history (including trauma history and previous therapeutic interventions and hospitalizations);
- (4) a diagnostic assessment, including current mental status, mental health (including depression screening) and substance use disorders (including tobacco, alcohol, and other drugs);
- (5) assessment of imminent risk (including suicide risk, danger to self or others, urgent or critical medical conditions, other immediate risks including threats from another person);

- (6) basic competency/cognitive impairment screening (including the consumer's ability to understand and participate in their own care);
- (7) a drug profile including the consumer's prescriptions, over-the-counter medications, herbal remedies, and other treatments or substances that could affect drug therapy, as well as information on drug allergies;
- (8) a description of attitudes and behaviors, including cultural and environmental factors, that may affect the consumer's treatment plan;

- (9) the consumer's strengths, goals, and other factors to be considered in recovery planning;
- (10) pregnancy and parenting status;
- (11) assessment of need for other services required by the statute (i.e., peer and family/caregiver support services, targeted case management, psychiatric rehabilitation services, LEP or linguistic services);
- (12) assessment of the social service needs of the consumer, with necessary referrals made to social services and, for pediatric consumers, to child welfare agencies as appropriate; and

(13) depending on whether the CCBHC directly provides primary care screening and monitoring of key health indicators and health risk pursuant to criteria 4.G, either: (a) an assessment of need for a physical exam or further evaluation by appropriate health care professionals, including the consumer's primary care provider (with appropriate referral and follow-up), or (b) a basic physical assessment as required by criteria 4.G. All remaining necessary releases of information are obtained by this point.

4.d.6.

A. Does the clinic screening and assessment program related to behavioral health include those for which the clinic will be accountable by the state, including but not limited to those elements identified in Appendix A? Specific screening and assessment related to behavioral health required by the state include: [STATE INSERTS ITS REQUIREMENTS].

4.d.7.

A. Does the clinic use standardized and validated screening and assessment tools?

B. Are clinic providers trained in brief motivational interviewing techniques?

4.d.8.

- A. Does the clinic use culturally and linguistically appropriate screening tools?
- B. Does the clinic use tools/approaches that accommodate disabilities (e.g., hearing disability, cognitive limitations), when appropriate?

4.d.9

A. If screening identifies unsafe substance use, including problematic alcohol use, does the clinic conduct a brief intervention and, if applicable, provide or refer the consumer for full assessment and treatment?

4.e.1.

A. Does the clinic provide person-centered and family-centered treatment planning or similar processes, including but not limited to risk assessment and crisis planning?

4.e.2.

A. Does the clinic collaborate with consumers, the adult consumer's family to the extent that the consumer so wishes, and family/caregivers of youth and children, to develop an individualized plan integrating prevention, medical, and behavioral health needs, and service delivery?

B. Is the individualized plan endorsed by the consumer, the adult consumer's family to the extent that the consumer so wishes, or family/caregivers of youth and children?

C. Is the individualized plan coordinated with staff members or programs necessary to carry out the plan?

4.e.3.

A. Does the clinic use consumer feedback to inform the treatment plan and services provided?

4.e.4

A. Do clinic consumer treatment plans include needs, strengths, abilities, preferences, and goals, expressed in a manner that captures the consumer's words or ideas and, when appropriate, those of the consumer's family/caregiver?

4.e.5

A. Is the treatment plan comprehensive, addressing all services required, with provision for monitoring of progress toward goals?

B. Is the treatment plan based on a shared decision- making approach?

4.e.6.

A. Does the clinic seek consultation during treatment planning about special emphasis problems, as appropriate, and integrate the results of such consultation into treatment planning?

4.e.7

A. Does the clinic document the consumer's advance wishes related to treatment and crisis management or the consumer's decision not to discuss those preferences?

4.e.8.

A. Does the clinic comply with the state-specified aspects of consumer, person-centered, and family-centered treatment planning? Specific treatment planning components required by the state include: [STATE INSERTS ITS REQUIREMENTS].

Questions?

Thank you for participating!

Contact Info: mdisselkoen@casat.org

208-220-2370