



**HFS**

Illinois Department of  
Healthcare and Family Services

We improve lives.

# CCBHC Learning Collaborative Application

This is a blank version of all possible questions for the CCBHC Learning Collaborative Application. The purpose of this documents is for applicants to preview all questions in advance. You may review and use it to prepare your answers before completing the online form. The application must be submitted online using the Qualtrics platform.

Here is a link to the online application: <https://go.uillinois.edu/CCBHCLCApp>



**This application contains conditional questions.** Conditional questions are indicated in blue and begin with a ^ in this document. Conditional question mean that you will get different questions depending on what you select in a previous question. When you see a blue question, it means you may or may not be required to answer this question.

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# Certified Community Behavioral Health Clinic (CCBHC) Learning Collaborative Application

## Introduction & Instructions

Welcome to the Illinois Department of Healthcare and Family Services (HFS) Certified Community Behavioral Health Clinic (CCBHC) 2024 - 2025 Learning Collaborative (LC) application. Acceptance into the CCBHC LC is the required first step for all providers interested in participating in the Illinois Medicaid CCBHC Demonstration (Demonstration) in Demonstration Year Two (DY2), which begins on or after October 1, 2025. It is important to note that this is not an application for funding, and it is not an application to become a certified CCBHC location.

The CCBHC LC application is in the format of a survey and can be viewed in its entirety in this document. The application must be completed and submitted by an individual authorized to sign attestations for your organization by 11:59pm Central Time on April 18, 2025. Extension to this deadline will not be granted for any reason. A completed application includes responses to all required fields, signed attestations, and uploaded supplemental documents. Incomplete applications will not be reviewed or considered. The [grading tool is posted to HFS's CCBHC website](#) for your use when completing the application. HFS, with support from the Office of Medicaid Innovation (OMI) and the Medicaid Technical Assistance Center (MTAC) anticipates review of all applications by May 23, 2025. HFS will notify applicants if they are accepted to participate in the CCBHC LC after May 23, 2025.

If you are accepted into the CCBHC LC, you are required participation in all sessions of the CCBHC LC. The sessions are scheduled below, but are subject to change:

Monday, June 23rd, 2025	12:00 p.m. - 1:30 p.m.
Monday, July 28th, 2025	12:00 p.m. - 1:30 p.m.
Monday, August 25th, 2025	12:00 p.m. - 1:30 p.m.
Monday, September 22nd, 2025	12:00 p.m. - 1:30 p.m.
Monday, October 20 <sup>th</sup> , 2025	12:00 p.m. - 1:30 p.m.
Monday, November 17 <sup>th</sup> , 2025	12:00 p.m. - 1:30 p.m.
Monday, December 15 <sup>th</sup> , 2025	12:00 p.m. - 1:30 p.m.

Organizations currently participating in the Illinois Medicaid Demonstration Year One are eligible to apply for additional CCBHC site(s) and must meet the same requirements of new applicants. Organizations may apply for multiple CCBHC locations. You must submit a separate application for each CCBHC site. For the purposes of this application, a site is defined as the address of the proposed CCBHC location.

Acceptance in the LC does not guarantee that the location will be granted certification as a CCBHC and be allowed to participate in the Demonstration. More information will be provided

on the certification process including requirements of additional submitted materials, cost reporting, program review, on-site review, and trainings during the LC. Please note that HFS retains the sole responsibility for determining which applicants meet requirements for certification to participate in the Demonstration, and there is no appeal process related to HFS' final decision.

Providers are strongly recommended to review the information in the Key Reference Documents section to fully understand the requirements and expectations of participating in the Demonstration.

### **The CCBHC Learning Collaborative application is screening for:**

1. **Meeting Basic Requirements of an Illinois CCBHC.** The IL CCBHC Demonstration program includes but is not limited to the Federal CCBHC requirements. Please review all requirements in the key documents section below.
2. **Readiness.** The CCBHC LC is seeking organizations who are able and committed to launching a CCBHC site and will be ready to implement all required services within 12 months of joining the Learning Collaborative.
3. **Goals.** The State is seeking alignment with providers on the vision and purpose of CCBHCs, including but not limited to, understanding of the population served, innovative vision, and commitment to excellence in clinical care.
4. **Applicant Priority.** Applications will be prioritized based on the provider's ability to fill CCBHC service gaps, both geographically and with specialized services.
  - **Geographic Service Area.** Illinois is committed to enhancing CCBHC coverage throughout the State. Preference will be given to applicants proposing a site in the following locations:
    - Any DSA without a CCBHC; or
    - Any DSA with a CCBHC, so long as the CCBHC is positioned in an Urban County.
  - Please refer to the [CCBHC Demonstration Service Area Map](#) to identify DSAs prioritized for the Learning Collaborative and counties designated as urban.
  - **Services.** Illinois' commitment to enhance access and availability of behavioral health services through CCBHCs extends to the availability of behavioral health services to children and families. As such, Preferred Applicant Status will be granted to applicants who indicate they will be prepared to offer one or more of the following:
    - Within 12 months of approval to participate in the Demonstration, Adaptive Behavior Support (ABS) services. Providers electing to offer ABS will be required to meet all relevant HFS policy requirements.
    - Within 12 months of approval to participate in the Demonstration, Pathways to Success services, either as a Care Coordination and Support Organization (CCSO) or as a home and community-based services provider delivering Family Peer Support, Intensive Home-Based Services, Therapeutic Mentoring, and Respite. Providers electing to offer Pathways to Success services will be required

to offer services to customers eligible for Pathways to Success in accordance with 89 Ill. Adm. Code 141.

- FDA-approved forms of medication to be used in the delivery of Medication Assisted Recovery (MAR), including Methadone.
- Preferred Applicant Status will be considered if the applicant meets all other application requirements and will be taken into consideration in final determinations of which providers will be participating in the Demonstration.

## Key Reference Documents

- [Administrative Code, 89 ILAC 140 \(Rule 140\)](#)
- [Administrative Code, 89 ILAC 141 \(Rule 141\)](#)
- [CCBHC Service Requirements](#)
- [CCBHC Learning Collaborative Application Questions PDF <this document>](#)
- [Community-Based Behavioral Services \(CBS\) Provider Handbook](#)
- [DSA Designation Map \(Cook County Only\)](#)
- [DSA Designations Map \(except Cook County\)](#)
- [DSA Destination List by Counties and Zip Code](#)
- [CCBHC FAQs and Webinars](#)
- [HFS Substance Use Prevention and Recovery \(SUPR\) Fee Schedule](#)

## Application Logistics

The CCBHC LC application must be submitted via the online survey:

<https://go.uillinois.edu/CCBHCLCApp>.

- **Application Availability.** The application will open upon release of the provider notice and close at 11:59 p.m. Central Time on April 18, 2025.
- **Qualtrics Basics.** You can save, edit your application, and view all answers at the end of the application prior to submission. You will be able to go back and edit questions within each section. Once you complete a section, you may not be able to go back to a previous section. You will not be able to edit the summary of your answers when you submit your application. [Here is a resource on taking Qualtrics surveys](#). While Qualtrics is available on mobile devices, we strongly recommend using a web browser.
- **Protected Health Information (PHI)** Do NOT provide PHI or Health Insurance Portability and Accountability Act (HIPAA) protected data in this platform.
- **Conditional Questions.** This application contains conditional questions. Conditional questions means that you will get different questions depending on what you select in a previous question. Each section introduction indicates the total possible questions, if you receive less than the total amount or see a questions number skip, that is expected.
- **Required Question Format.** Required questions are indicated with an asterisk (\*). Most questions in the application are required. Some questions require certain formatting. [Here is a resource from Qualtrics on response requirements and validation](#).
- **Question Instructions.** Instructions for each question are italicized under the question. [Here is a resource from Qualtrics on question types](#).

- **Sections.** There are seven sections to this application. The maximum number of questions is 85. This document includes the full application. The sections are:
  1. About your Organization [9]
  2. Qualified Entity [1]
  3. Qualified Site & Geographic Service Area [24]
  4. Goals [5]
  5. Designated Collaborating Organization (DCO) [6]
  6. Readiness Assessment [34 questions, 110 criteria]
    - 1 – Needs Assessment and Staffing
    - 2 – General Requirements of Access and Availability
    - 3 – Care Coordination
    - 4 – Scope of Services
    - 5 – Quality and Other Reporting
    - 6 – Governance
  7. Additional Information [1]
  8. Attestations [4]

**Required Documents.** You will be required to upload the following documents to the application.

1. Licenses or Certificates. You will be asked to upload the certificates or licenses for each provider type at the proposed CCBHC site location. This may include: CMHC, BHC, SUPR and/or FQHC. By June 30, 2025, your organization must either: (1) Have a SUPR license (2) Be able to obtain a SUPR license, or (3) Have a formal relationship with a DCO partner that has a SUPR license.
2. Completed Community Needs Assessment (CNA). If you have completed your CNA, you will be asked to upload it. A completed CNA is not required part of the application.

**Questions/Troubleshooting.** If you have questions on the requirements of the application, please contact HFS at [HFS.CCBHC@illinois.gov](mailto:HFS.CCBHC@illinois.gov). If you need support with the Qualtrics platform, please contact [OMI.CCBHC.LC@uillinois.edu](mailto:OMI.CCBHC.LC@uillinois.edu)

Questions submitted outside of standard business hours will be answered the next business day. Technical assistance is not available outside of these hours.

- I have read and understand the instructions to apply for the Illinois CCBHC Learning Collaborative.

## Section 1: About the Organization

This section asks questions about the applying organization, including key contact information and your history with SAMHSA CCBHC grants. Please note the following questions are about the Organization, not the proposed CCBHC site. Section 3 is about the CCBHC site. This section has nine possible questions.

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1. \*Organization Name  
*Write out the organization's full name. Do not include acronyms.*
2. \*Organization's Website Address
3. \*Organization's Federal Employer Identification Number (FEIN)  
*Responses must be a nine-digit number. This number is also referred to as the TAX ID number.*
4. \*Provide the contact information for the primary individual completing the application.  
*The primary contact must be a member of the executive leadership team of your organization who has the authorization to sign attestations on behalf of the organization.  
The requested information is about the Organization, not the CCBHC site location.*
  - a. First Name
  - b. Last Name
  - c. Title
  - d. Phone Number
  - e. Email Address
  - f. Organization Mailing Address
  - g. Organization Mailing Address - City
  - h. Organization Mailing Address - State
  - i. Organization Mailing Address - Zip
5. \*Does your organization currently have a CCBHC-Expansion Grant from SAMHSA?  
This includes either or both Planning, Development and Implementation (PDI) and/or Improvement and Advancement (IA) tracks.
  - a. Yes - ^ Continue to question 6
  - b. No - ^ Skip to question 7
6. \*. ^ How many years has your organization been a SAMHSA CCBHC grantee?  
Select one – any answer continues to question 7
  - a. Less than 2 years
  - b. 2-4 years
  - c. 5+ years



7. \* ^ Did your organization submit an application to participate in the 2024 Illinois CCBHC Medicaid Demonstration?
  - a. Yes – ^ Continue to question 8
  - b. No – ^ Skip to Section 2: Qualified Entity
  
8. \* ^ What was the outcome of your organizations 2024 Illinois CCBHC Medicaid Demonstration (Demonstration) application?
  - a. We are currently participating in the Demonstration – ^ Skip to Section 2: Qualified Entity
  - b. We did not pass the application or certification process to participate in the Demonstration – ^ Continue to question 9
  - c. We rescinded our application – ^ Continue to question 9
  
9. \* ^ Briefly explain what prohibited you from advancing in Demonstration Year one and what has your organization done to address these needs to be ready for Demonstration Year Two?

*300 character limit*

## Section 2: Qualified Entity

This section collects federally required information about your Organization. There is one question.

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1. \* ^Which Organization Type are you? (select one)

Please see [SAMHSA 6. a.1](#) for more details on this requirement.

- a. Non-Profit Organization – ^ [Continue to section 3](#)
- b. Local Government Behavioral Health Authority – ^ [Continue to section 3](#)
- c. Operate 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.) – ^ [Continue to section 3](#)
- d. 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.) – [Continue to section 3](#)
- e. None of the above (please briefly explain) – ^ [The application will end because the organization does not qualify to be a CCBHC](#)

\*You have completed Section 2. You will not be able to go back after you press continue to Section 3.

- o I am ready to proceed to section 3. I understand I will not be able to go back and edit my responses for Section 1 & 2.

## Section 3: Qualified Location & Geographic Service Area

### Section 3: Qualified Site & Geographic Service Area.

This section collects information specific to the proposed CCBHC site location, including its proposed geographic service area. All answers to the questions in section three should be specific to the location of the proposed CCBHC, NOT to the organization at large. This section has 24 possible questions.

Key Reminders: DY2 sites must serve areas not currently covered by DY1 CCBHC Medicaid locations. Please see this map to view current coverage areas. This application is for ONE CCBHC site. If your organization wishes to apply for multiple sites, you must submit a separate application per site.

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1. \*Do you have an exact address of your proposed CCBHC site?
  - a. Yes – ^ Continue to question 2
  - b. No (please briefly explain) – ^ Skip to question 3
  
2. \* ^ What is the address of the proposed CCBHC site? If your site will have a unique name, please provide below.
  - a. Address #1
  - b. Address #2 (Optional)
  - c. City
  - d. State
  - e. Zip Code
  - f. Site Name (Optional)
  
3. \*CCBHC site locations are not permitted to be at the same location as a residential program, group home, or institutional bed(s).

By signing below, I attest that my organization's proposed CCBHC site is NOT co-located with a residential program, group home, or institutional bed(s).

1-

<e-signature required>

4. \*What types of IL provider licenses or certificates do you currently hold at the proposed CCBHC location?

*SUPR licensure, or a formal relationship with a SUPR licensed DCO partner, is required by June 30th, 2025.*

	Have an Active License	In the Process of Obtaining a License	NA
Certified Community Mental Health Center (CMHC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Health Clinic (BHC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use Prevention & Recovery (SUPR) Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federally Qualified Healthcare Center (FQHC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

^ For any licenses indicated as active – you will receive question 5 & 6

^ For any licenses indicated as 'in process' – you will receive question 7

^ If all are NA – Skip to question 8

5. \*, ^ Provide the Certification and Medicaid provider ID numbers for each provider type you hold at the proposed CCBHC site.

Certification/License. This information can be found in one of the following places: IMPACT Your certifying state agency certificate (IDHS SUPR, IDHS-BALC, or DCFS). For BHCs, this information is listed in your BHC review outcome letter.

Medicaid ID. This information can be found in your HFS issued Provider Information Sheet (PIS).

Note: Some SUPR providers are not enrolled in IMPACT, and therefore will not have a Medicaid ID number. These providers will write 'NA'.

	Certification or License Number	Medicaid ID Number (enter "NA" if this does not apply)
Certified Community Mental Health Center (CMHC)		
Behavioral Health Clinic (BHC)		
Substance Use Prevention & Recovery (SUPR) Provider		
Federally Qualified Healthcare Center (FQHC)		

6. \*, ^ Upload Certificates, licenses, and/or certification letters for each provider type you currently hold at the proposed CCBHC site. There should be one document per provider type listed in question 3.3b. ^ Skip to question 8

<file upload required>

7. \*, ^ For any licenses or certificates you indicated as "in process" please provide a brief explanation of the status.

*For DY2 CCBHC providers, SUPR licensure or a formal relationship with a SUPR licensed DCO partner is required by June 30th, 2025.*

- a. Certified Community Mental Health Center (CMHC)
- b. Behavioral Health Clinic (BHC)
- c. Substance Use Prevention & Recovery (SUPR) Provider
- d. Federally Qualified Healthcare Center (FQHC)

8. \*What American Society of Addiction Medicine (ASAM) levels of service is your organization approved to provide at the proposed CCBHC site location?  
Indicate a response for each ASAM level.

	Currently Providing at the CCBHC Location	Planning to Provide at the CCBHC Location	Will not provide at the CCBHC Location	Do Not Know
Level 0.5 - Early Intervention for Adults and Adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 1 - Outpatient Services for Adolescents and Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 2.1 - Intensive Outpatient Services for adolescents and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 2.5 - Partial Hospitalization Services for adolescents and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 3.1 - Clinically Managed Low-Intensity Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 3.3 - Clinically Managed Population-Specific High-Intensity Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 3.5 - Clinically Managed Medium-Intensity Residential Services for adolescents and Clinically Managed High-Intensity Residential Services for adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Level 3.7 - Medically Monitored High-Intensive Inpatient Services for adolescents and Medically Monitored Intensive Inpatient Services Withdrawal Management for adults^

Level 4 - Medically Managed Intensive Inpatient Services for adolescents and adults^

^ If level 3 or above is selected for “currently” or “planning” the application will end because the organization does not qualify

\*You have completed part 1 of Section 3. You will not be able to go back after you press continue to part 2 of Section 3.

I am ready to proceed to part 2 of section 3. I understand I will not be able to go back and edit my responses for part 1 of Section 3.

9. \*Are there any other provider types or entities at the proposed CCBHC site location that have not already been mentioned in this application?
- Yes - ^ Continue to question 10
  - No - ^ Skip to 11

10. \*, ^ What other provider types or entities are at the proposed CCBHC site that were not already indicated? (i.e. outside of CMHC, BHC, SUPR or FQHC)  
*Please list entities types and provide NPI numbers.*

11. \*I attest that I have listed all provider types or entities present at the proposed CCBHC location on behalf of my organization.

*<e-signature required>*

12. \*What would be the service area of your proposed CCBHC location?  
*Select all that apply. To select multiple options in a row, they can click and drag your mouse or hold down Shift when selecting. To select non-sequential options, hold down Ctrl (on a PC) or Cmd (on a Mac) when clicking.*

*<drop down list with all IL Counties>*

13. ^\*Within Cook County, what are the proposed zip codes for the service area of the CCBHC location?  
*Select all that apply. To select multiple options in a row, they can click and drag your mouse or hold down Shift when selecting. To select non-sequential options, hold down Ctrl (on a PC) or Cmd (on a Mac) when clicking.*

*<drop down list with all Cook County zip codes>*

14. \*Which Designated Service Areas (DSAs) would your proposed CCBHC location cover? Provide an answer for each that applies. Leave DSAs blank that your site would NOT cover. Maps of the DSA's can be found here:

- [DSA Designation Map \(Cook County Only\)](#)
- [DSA Designations Map \(except Cook County\)](#)
- [DSA Destination List by Counties and Zip Code](#)

Full Coverage	Partial Coverage
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1 - Alexander, Pulaski, Union, Jackson, Johnson, Massac, and Williamson Counties	<input type="checkbox"/>	<input type="checkbox"/>
2 - Monroe, Randolph, St. Clair, Washington, Clinton, and Perry Counties	<input type="checkbox"/>	<input type="checkbox"/>
3 - Jefferson, Franklin, Hamilton, White, Saline, Gallatin, Pope, and Hardin Counties	<input type="checkbox"/>	<input type="checkbox"/>
4 - Fayette, Effingham, Jasper, Crawford, Lawrence, Richland, Clay, Marion, Wayne, Edwards, and Wabash Counties	<input type="checkbox"/>	<input type="checkbox"/>
5 - Calhoun, Jersey, Greene, Macoupin, Montgomery, Bond, and Madison Counties	<input type="checkbox"/>	<input type="checkbox"/>
6 - Hancock, Adams, Pike, Brown, Schuyler, and McDonough Counties	<input type="checkbox"/>	<input type="checkbox"/>
7 - Mason, Menard, Scott, Morgan, Cass, Sangamon, Christian, and Logan Counties	<input type="checkbox"/>	<input type="checkbox"/>
8 - Macon, Shelby, Moultrie, and Piatt Counties	<input type="checkbox"/>	<input type="checkbox"/>
9 - Champaign, Vermilion, Douglas, Edgar, Coles, Cumberland, and Clark Counties	<input type="checkbox"/>	<input type="checkbox"/>
10 - Ford, Iroquois, and Kankakee Counties	<input type="checkbox"/>	<input type="checkbox"/>
11 - Will County	<input type="checkbox"/>	<input type="checkbox"/>
12 - Livingston, McLean, and DeWitt Counties	<input type="checkbox"/>	<input type="checkbox"/>
13 - Tazewell, Woodford, Marshall, Putnam, Stark, Peoria, and Fulton Counties	<input type="checkbox"/>	<input type="checkbox"/>
14 - Henderson, Warren, Mercer, Knox, and Rock Island Counties	<input type="checkbox"/>	<input type="checkbox"/>
15 - Whiteside, Henry, Bureau, and Lee Counties	<input type="checkbox"/>	<input type="checkbox"/>
16 - Jo Daviess, Stephenson, Winnebago, Ogle, and Carroll Counties	<input type="checkbox"/>	<input type="checkbox"/>
17 - Boone and McHenry Counties	<input type="checkbox"/>	<input type="checkbox"/>
18 - DeKalb and Kane Counties	<input type="checkbox"/>	<input type="checkbox"/>

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 19 - LaSalle, Grundy, and Kendall Counties   | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 - DuPage County   | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 - Lake County   | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 - All parts of Barrington, Hanover, Palatine, Schaumburg, Wheeling, and Elk Grove Townships   | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 - Evanston and all or parts of Northfield, Maine, New Trier, and Niles Townships  | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 - O'Hare, River Forest, Norwood Park, Riverside, Oak Park, Berwyn, Cicero, and all or parts of Leyden, Proviso, Lyons, and Stickney Townships | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 - All or parts of Lemont, Palos, Worth, Orland, Rich, Thornton, Bloom, and Bremen Townships   | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 - Northwest Chicago and parts of Leyden Township  | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 - Northeast Chicago   | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 - West Central Chicago  | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 - East Central Chicago  | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 - Southwest Chicago and parts of Stickney Township  | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 - Southeast Chicago   | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 - Far South Chicago and parts of Thornton Township  | <input type="checkbox"/> | <input type="checkbox"/> |

15. \*What is the status of your Community Needs Assessment (CNA)?

*Please note: DY2 CCBHC sites are required to submit their CNA to complete the certification process.*

- a. Completed – ^ [Skip to question 17](#)
- b. Underway – ^ [Continue to question 16](#)
- c. Not Started – ^ [Continue to question 16](#)

16. \*, ^ What is your plan to complete the CNA? (500 character max)

17. \*, ^ Upload your completed CNA.

[<file upload>](#)

18. \* ^ Indicate if your completed CNA includes the following elements. These criteria are listed in Appendix A of the [CCBHC Certification Criteria - March 2023](#) from SAMHSA.

*One answer is required per component*

	Included	Not Included
A Description of The Physical Boundaries and Size Of The Service Area, Including Identification Of Sites Where Services Are Delivered By The CCBHC, Including Through DCOs	<input type="checkbox"/>	<input type="checkbox"/>
Information About the Prevalence of Mental Health and Substance Use Conditions and Related Needs In The Service Area, Such As Rates of Suicide And Overdose	<input type="checkbox"/>	<input type="checkbox"/>
Economic Factors and Social Determinants of Health Affecting the Population's Access to Health Services, Such As Percentage Of The Population With Incomes Below The Poverty Level, Access To Transportation, Nutrition, And Stable Housing	<input type="checkbox"/>	<input type="checkbox"/>
Cultures And Languages of The Populations Residing In The Service Area	<input type="checkbox"/>	<input type="checkbox"/>
The Identification of The Underserved Population(S) Within the Service Area	<input type="checkbox"/>	<input type="checkbox"/>
A Description of How the Staffing Plan Does and/or Will Address Findings	<input type="checkbox"/>	<input type="checkbox"/>
Plans To Update the Community Needs Assessment Every 3 Years	<input type="checkbox"/>	<input type="checkbox"/>

19. \* ^ Indicate if your completed CNA includes the following elements. These criteria are listed in Appendix A of the [CCBHC Certification Criteria - March 2023](#) from SAMHSA.

*One answer is required per component*

	Included	Not Included
Cultural, Linguistic, Physical Health, And Behavioral Health Treatment Needs	<input type="checkbox"/>	<input type="checkbox"/>

Evidence-Based Practices and Behavioral Health Crisis Services	<input type="checkbox"/>	<input type="checkbox"/>
Access And Availability of CCBHC Services Including Days, Times, and Locations, and Telehealth Options	<input type="checkbox"/>	<input type="checkbox"/>
Potential Barriers to Care Such As Geographic Barriers, Transportation Challenges, Economic Hardship, Lack Of Culturally Responsive Services, And Workforce Shortages	<input type="checkbox"/>	<input type="checkbox"/>

20. \*, ^ Indicate if your completed CNA includes input from the following entities. These criteria are listed in Appendix A of the [CCBHC Certification Criteria - March 2023](#) from SAMHSA. Provide one answer per component

	Included	Not Included
People With Lived Experience of Mental and Substance Use Conditions And Individuals Who Have Received/Are Receiving Services From The Clinic Conducting The Needs Assessment	<input type="checkbox"/>	<input type="checkbox"/>
Health Centers (including FQHCs)	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Departments	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient Psychiatric Facilities, Inpatient Acute Care Hospitals, and Hospital Outpatient Clinics	<input type="checkbox"/>	<input type="checkbox"/>
Representatives from local K-12 School Systems	<input type="checkbox"/>	<input type="checkbox"/>
Other Community Partners (please briefly explain)	<input type="checkbox"/>	<input type="checkbox"/>

21. \* ^ What year was your CNA completed?

22. \*Tell us about the service area needs and how would the addition of a CCBHC site to this service area benefit the community.

*If you have uploaded your complete CNA, please reference its findings.*

*3,000 character limit*

23. \*Describe your history providing services to the community at the proposed CCBHC site and identify your target population(s). Include how long you have been providing these services, highlighting any of the nine core CCBHC services and any specialty services. Include data on impact of previous supports given to the community.

*3,000 character limit*

24. \*Give specific details describing your experience working with law enforcement, hospitals, and other community providers.

*3,000 character limit*

## Section 4: Goals

This section is comprised of short answer questions to understand the goals of your organization as it relates to its desire to enter the CCBHC demonstration. This section has five questions.

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1. \*Why does your organization want to participate in the Medicaid CCBHC Demonstration Year Two (DY2)?  
*3,000 character limit*
2. \*Briefly describe your preparations to be a CCBHC to-date.  
*3,000 character limit*
3. \*What are your organization's short and long-term goals for your CCBHC?  
*3,000 character limit*
4. \*What do you anticipate as the top three biggest challenges to establishing a CCBHC?  
*3,000 character limit*
5. \*What do you hope to gain from the CCBHC Learning Collaborative?  
*3,000 character limit*

## Section 5: Designated Collaborating Organization (DCO)s

This section asks questions about your organization’s current and planned DCO arrangement by service area. This section has 6 possible questions.

1. \*Does your organization plan to provide all of the required services itself, or do you plan to partner with a Designated Collaborating Organization (DCO)?

*Select one*

- a. My Organization Plans to Provide all CCBHC Services Ourselves – ^ [Skip to Section 6: Readiness Assessment](#)
- b. My Organization Plans to DCO for at Least One CCBHC Service – ^ [Continue to question #2](#)
- c. Unknown – ^ [Skip to Section 6: Readiness Assessment](#)

2. \*Which of the required nine services does your organization plan to DCO for any component of?

Note: CCBHCs are required to directly deliver the majority (51% or more) of encounters across the required services (excluding Crisis Services) rather than through DCOs. For more information see Program requirement 4 in the [CCBHC Certification Criteria - March 2023](#) from SAMHSA.

My organization will...

*Provide one response per service*

	Provide Entirely	DCO for Some or All of this Required Service	Has Not Decided
Crisis Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening, Assessment, and Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person-Centered and Family-Centered Treatment Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Mental Health and Substance Use Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Screening and Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Targeted Case Management Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Rehabilitation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Supports and Family/Caregiver Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Care for Uniformed Service Members and Veterans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. \* ^ For each service you are delegating, what type of entity do you anticipate your DCO to be?

*One answer is required per service. Select all that apply*

	CMHC	FQHC	BHC	Hospital	Peer-Run Organization	Other	Unknown
Crisis Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening, Assessment, and Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person-Centered and Family-Centered Treatment Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Mental Health and Substance Use Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Screening and Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Targeted Case Management Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Rehabilitation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Peer Supports and Family/Caregiver Supports

      

Community Care for Uniformed Service Members and Veterans

      

- ^ For any required service(s) indicated as “other” – you will receive question # 4
- ^ For any required service(s) indicated as “unknown” – you will receive question # 5
- ^ For any required service(s) indicated as “CMHC,” “FQHC,” “BHC,” “Hospital” or “Peer-Run Organization” – you will receive question # 6

4. \* ^ Please explain the DCO provider types you selected "other" for. - ^Continue to section 6
  - a. Crisis Services
  - b. Screening, Assessment, and Diagnosis
  - c. Person-Centered and Family-Centered Treatment Planning
  - d. Outpatient Mental Health and Substance Use Services
  - e. Primary Care Screening and Monitoring
  - f. Targeted Case Management Services
  - g. Psychiatric Rehabilitation Services
  - h. Peer Supports and Family/Caregiver Supports
  - i. Community Care for Uniformed Service Members and Veterans
  
5. \* ^ Provide a brief explanation about why the DCO partner type for the service area(s) below are currently unknown. – ^Continue to question #6
  - a. Crisis Services
  - b. Screening, Assessment, and Diagnosis
  - c. Person-Centered and Family-Centered Treatment Planning
  - d. Outpatient Mental Health and Substance Use Services
  - e. Primary Care Screening and Monitoring
  - f. Targeted Case Management Services
  - g. Psychiatric Rehabilitation Services
  - h. Peer Supports and Family/Caregiver Supports
  - i. Community Care for Uniformed Service Members and Veterans
  
6. \* ^ Please provide the name of the Provider organization you plan to DCO with. If this is not yet determined, please write TBD. - ^Continue to section 6
  - a. Crisis Services
  - b. Screening, Assessment, and Diagnosis
  - c. Person-Centered and Family-Centered Treatment Planning
  - d. Outpatient Mental Health and Substance Use Services
  - e. Primary Care Screening and Monitoring
  - f. Targeted Case Management Services
  - g. Psychiatric Rehabilitation Services
  - h. Peer Supports and Family/Caregiver Supports
  - i. Community Care for Uniformed Service Members and Veterans

## Section 6: Readiness Assessment

This section requests your organization’s current readiness assessment for select CCBHC criterion. Please note that the questions in this section are a selection of the CCBHC program criterion and not a comprehensive list. This section asks for readiness levels on 126 criterion and includes 34 possible questions. For a complete detailing of requirements, please reference: [SAMHSA CCBHC Certification Criteria - March 2023 Illinois CCBHC Service Requirement - Updated September 22, 2023.](#)

Use the following Readiness Scale and Definitions to rank your organization throughout this section.

- **Ready Immediately** - Currently implemented at proposed CCBHC site location
- **Almost Ready** - Currently implemented in organization, but not at the proposed CCBHC site location
- **Somewhat Ready** - We have begun efforts to implement this requirement, and will be fully ready at the CCBHC site location in 6 months
- **Planning Phases** - We have begun efforts to implement this requirement, and will be fully ready at the CCBHC site location in 12 months
- **Not Started at All** - We have not begun any planning or intentional discussions about implementing this requirement at the CCBHC site location

### 1. [\\*Program Requirement 1: Needs Assessment and Staffing](#)

#### 1.b.1 Appropriate Licensure and Credentialing

**A.** CCBHC practitioners, and any Designated Collaborating Organization (CCO) partners providing direct services furnish them within their scope of practice in accordance with all applicable federal, state, and local laws and regulations, including Medicaid billing regulations or policies.

**B.** Appropriate supervision is provided for CCBHC providers that are working towards licensure.

*One response is required per criteria.*

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 1.b.1.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 1.b.1.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 2. [\\*Program Requirement 2: General Requirements of Access and Availability](#)

## **2.b.1 Timing of Screening, Evaluation and Provision of Services to People Receiving Services New CCBHC**

**A.** All new people requesting or referred for services receive, at the time of first contact, a preliminary triage (whether in-person, by telephone, or other remote communication) to determine acuity of needs. If the triage identifies an emergency/crisis need, appropriate action is taken immediately (see 4.c.1 for crisis response timelines and detail about required services), including plans to reduce or remove risk of harm and to facilitate any necessary subsequent outpatient follow-up. If triage identifies an urgent need, clinical services and initial evaluation are to be provided within one business day of the time the request is made. If triage identifies routine needs, services are provided, including the initial evaluation completed within 10 business days.

**B.** For those presenting with emergency or urgent needs, if the initial evaluation is conducted telephonically, once the emergency is resolved, the person receiving services is seen in-person at the next subsequent encounter and the initial evaluation reviewed.

**C.** The preliminary triage and risk assessment is followed by: an initial evaluation and a comprehensive evaluation, with the components of each specified in program requirement 4.

**D.** All new people receiving services receive a comprehensive evaluation to be completed within 60 calendar days of the first request for services. If the state has established independent screening and assessment processes for certain child and youth populations or other populations, the CCBHC should establish partnerships to incorporate findings and avoid duplication of effort. This requirement does not preclude the initiation or completion of the comprehensive evaluation, or the provision of treatment during the 60-day period.

*One response is required per criteria.*

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 2.b.1.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 2.b.1.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 2.b.1.C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 2.b.1.D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. \*Program Requirement 2: General Requirements of Access and Availability (continued)

**2.c.1 - Access to Crisis Management Services**

A. The CCBHC provides crisis management services in accordance with program requirement 4.c. that are available and accessible 24 hours a day, seven days a week.

**2.d.1 - No Refusal of Services Due to Inability to Pay**

A. The CCBHC has policies that (1) services cannot be denied because of inability to pay (PAMA § 223 (a) (B)); and that (2) any fees or payments required by the clinic for such services are reduced or waived for those unable to pay.

**2.e.1 - Provision of Services Regardless of Residence**

A. The CCBHC has a policy that services cannot be refused due to residence, homelessness, or lack of a permanent address.

One response is required per criteria.

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 2.c.1.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 2.d.1.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 2.e.1.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 4. \*Program Requirement 3: Care Coordination

##### **3.a.1 - General Requirements of Care Coordination**

**A.** Care coordination is based on a person-centered and family-centered treatment plan aligned with the requirements of Section 2402(a) of the Affordable Care Act and aligned with state regulations and consistent with best practices.

**B.** The CCBHC coordinates care across the spectrum of health services, including access to high-quality physical health (both acute and chronic) and behavioral health care, as well as social services, housing, educational systems, and employment opportunities as necessary to facilitate wellness and recovery of the whole person.

One response is required per criteria.

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 3.a.1.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 3.a.1.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 5. \*Program Requirement 4: Scope of Services

**4.a.1 - General Service Provisions**

**A.** Whether delivered directly or through a DCO agreement, the CCBHC is responsible for ensuring access to all care specified in the Protecting Access to Medicare Act. This includes the following required services: crisis services; screening, assessment, and diagnosis; person-centered and family-centered treatment planning; outpatient behavioral health services; outpatient primary care screening and monitoring; targeted case management; psychiatric rehabilitation; peer and family supports; and intensive community-based outpatient behavioral health care for members of the U.S. Armed Forces and veterans.

**B.** The CCBHC organization directly delivers the majority (51% or more) of encounters across the required services (excluding Crisis Services) rather than through DCOs.

**4.a.2 - General Service Provisions**

**A.** All CCBHC services, if not available directly through the CCBHC, are provided through a DCO.

**B.** The CCBHC or DCO make outside referrals if a needed specialty service is unavailable through the CCBHC or DCO entities.

*One response is required per criteria.*

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 4.a.1.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.a.1.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.a.2.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.a.2.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[6. \\*Program Requirement 4: Scope of Services \(continued\)](#)

**4.a.3 - General Service Provisions**

**A.** People receiving CCBHC services have freedom to choose providers within the CCBHC and its DCOs.

**B.** People receiving CCBHC services will be informed of and have access to CCBHC grievance procedures, including CCBHC services provided by a DCO.

**C.** With regard to CCBHC or DCO services, the grievance process satisfies the minimum requirements of Medicaid and other grievance requirements such as those that may be mandated by relevant accrediting entities.

**4.a.4 - General Service Provisions**

**A.** CCBHC services provided by DCOs meet the same quality standards as those required of the CCBHC.

*One response is required per criteria.*

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 4.a.3.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.a.3.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.a.3.C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.a.4.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. \*Program Requirement 4: Scope of Services (continued)

**4.b.1. - Person-Centered and Family-Centered Care**

**A.** The CCBHC ensures all CCBHC services, including those supplied by its DCOs, are provided in a manner aligned with the requirements of Section 2402(a) of the Affordable Care Act. The CCBHC and its DCOs provide services that reflect person-centered and family-centered and recovery oriented, being respectful of the needs, preferences, and values of the person receiving CCBHC services, and ensuring both involvement of the person receiving CCBHC services and self-direction of services received.

**B.** The services that the CCBHC and its DCOs provide for children and adolescents are family-centered, youth-guided, and developmentally appropriate.



*Note: See program requirement 3 regarding coordination of services and treatment planning. See criteria 4.k relating specifically to requirements for services for veterans.*

**4.b.2 - Person-Centered and Family-Centered Care**

**A.** CCBHC services are responsive to the race, ethnicity, sexual orientation, and gender identity of the person receiving CCBHC services and are culturally and ethically appropriate, as indicated in the needs assessment, including services for people who are American Indian or Alaska Native.

*One response is required per criteria.*

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 4.b.1.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.b.1.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.b.2.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 8. \*Program Requirement 4: Scope of Services (continued)

### **4.c.1 - Crisis Behavioral Health Services**

**A.** The CCBHC provides crisis services directly or through a DCO agreement with existing state- sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services as identified in these criteria.

**B.** The CCBHC provides maintains 24/7 Availability of the following services as detailed in 89 ILAC 140.453:

- Mobile Crisis Response (MCR);
- Crisis Intervention; and
- Crisis Stabilization.

**C.** The CCBHC demonstrates adherence to service definitions and staffing requirements of 89 ILAC 140.453 and operational procedures as detailed in 89 ILAC 140. Table N.

- Training requirements:
  - All staff providing MRO Crisis Services shall receive annual training on the following topics:
    - Crisis Safety Planning, as directed by the Department; and
    - Crisis De-Escalation.
  - All staff providing MRO Crisis Services shall receive one-time training on Mobile Crisis Response.
  - The provider must submit initially and on an annual basis the corresponding training records (i.e., training curriculum, trainer name, dates of delivery/receipt, and proof of attendance) (deferred if participating in PATH sponsored trainings), staffing schedule (i.e., current, and upcoming quarter)) and other documents, as requested by HFS.
- Crisis Screening Instrument Certification: All staff providing MRO Crisis Services shall maintain active certification in the usage of the Department's crisis screening instrument.

**D.** The CCBHC provides or coordinates 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.

**E.** Protocols have been established to track referrals made from the call center to the CCBHC or its DCO crisis care provider to ensure the timely delivery of mobile crisis team response, crisis stabilization, and post crisis follow-up care.

Note: See program requirement 2.c regarding access to crisis services and criterion 3.c.5 regarding coordination of services and treatment planning, including after discharge from a hospital inpatient or emergency department following a behavioral health crisis.

*One response is required per criteria.*

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 4.c.1.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.c.1.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.c.1.C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.c.1.D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.c.1.E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. \*Program Requirement 4: Scope of Services (continued)

**4.c.1 - Crisis Behavioral Health Services (Continued)**

**J.** Walk-in hours are informed by the community needs assessment and include evening hours that are publicly posted.

**K** Services are available to individuals of any level of acuity, whether individuals present on their own, with a concerned individual, such as a family member, or with a human service worker and/or law enforcement in accordance with state and local laws.

**L.** Crisis services include suicide prevention and intervention and services capable of addressing crises related to substance use including the risk of drug and alcohol related overdose and support following a non-fatal overdose after the individual is medically stable.

**M.** Overdose prevention activities include the availability of naloxone for overdose reversal to individuals who are at risk of opioid overdose, and as appropriate, to their family members.

**N.** The CCBHC has an established protocol specifying the role of law enforcement during the provision of crisis services.

**O.** As a part of the requirement to provide training related to trauma-informed care, the CCBHC specifically focuses on the application of trauma-informed approaches during crises.

*Note: See program requirement 2.c regarding access to crisis services and criterion 3.c.5 regarding coordination of services and treatment planning, including after discharge from a hospital inpatient or emergency department following a behavioral health crisis.*

*One response is required per criteria.*

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 4.c.1.J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.c.1.K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.c.1.L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.c.1.M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.c.1.N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.c.1.O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. \*Program Requirement 4: Scope of Services (continued)

**4.c.1- Crisis Behavioral Health Services – Enhanced**

**P.** Integrate SUD protocols into Mobile Crisis Response (MCR) services, including all MCR responders having training in and carrying methods of overdose prevention/reversal.

**Q.** Access to Medication Assisted Recovery (MAR) within 24 hours of a SUD crisis

event.

*Note: See program requirement 2.c regarding access to crisis services and criterion 3.c.5 regarding coordination of services and treatment planning, including after discharge from a hospital inpatient or emergency department following a behavioral health crisis.*

One response is required per criteria.

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 4.c.1.P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.c.1.Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11 \*Program Requirement 4: Scope of Services (continued)

**4.d.1 - Behavioral Health Screening, Assessment, and Diagnosis**

**A.** The CCBHC directly, or through DCO, provides screening, assessment, and diagnosis, including risk assessment for behavioral health conditions. In the event specialized services outside the expertise of the CCBHC are required for purposes of screening, assessment, or diagnosis, the CCBHC refers the person to an appropriate provider.

*Note: See program requirement 3 regarding coordination of services and treatment planning.*

**4.d.2 - Behavioral Health Screening, Assessment, and Diagnosis**

**A.** Screening, assessment, and diagnosis are conducted in a time frame responsive to the needs and preferences of the person receiving services and are of sufficient scope to assess the need for all services required to be provided by the CCBHC.

#### **4.d.3 - Behavioral Health Screening, Assessment, and Diagnosis**

**A.** The CCBHC's initial evaluation of people receiving CCBHCHC services includes the following:

- Preliminary diagnoses
- Source of referral
- Reason for seeking care, as stated by the person receiving
- CCBHC services or other individuals who are significantly involved
- Identification of the immediate clinical care needs related to the diagnoses for mental and substance use disorders of the person receiving services
- A list of current prescriptions and over-the-counter medications, herbal remedies and dietary supplements and the indication for any medication
- A summary of previous mental health and substance use disorder treatments with a focus on which treatments helped and were not helpful
- The use of any alcohol and/or other drugs the person receiving services may be taking
- An assessment of whether the person receiving services is a risk to self or to others, including suicide risk factors
- An assessment of whether the person receiving services has other concerns for their safety, such as intimate partner violence
- An assessment of need for medical care (with referral and follow-up as required)
- A determination of whether the person presently is or ever has been a member of the U.S. Armed Services for children and youth, whether they have system involvement (such as child welfare and juvenile justice)

**B.** All people receiving CCBHC services receive a comprehensive evaluation.

*One response is required per criteria.*

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 4.d.1.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.d.2.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.d.3.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.d.3.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. \*Program Requirement 4: Scope of Services (continued)

**4.d.4 - Behavioral Health Screening, Assessment, and Diagnosis (continued)**

**A.** The comprehensive evaluation should gather the amount of information that is commensurate with the complexity of their specific needs and prioritize preferences of people receiving services with respect to the depth of evaluation and their treatment goals.

**B.** The comprehensive evaluation includes:

- Reasons for seeking services at the CCBHC, including information regarding onset of symptoms, severity of symptoms, and circumstances leading to the presentation to the CCBHC of the person receiving services
- An overview of relevant social supports; social determinants of health and health-related social needs such as housing, vocational, and educational status; family/caregiver and social support; legal issues; and insurance status
- A description of cultural and environmental factors that may affect the treatment plan of the person receiving services, including the need for linguistic services or supports for people with PLE
- Pregnancy and/or parenting status
- Behavioral health history, including trauma history and previous therapeutic interventions and hospitalizations with a focus on what was helpful and what was not helpful in past treatments

- Relevant medical history and major health conditions that impact current psychological status
- A medication list including prescriptions, over-the counter medications, herbal remedies, dietary supplements, and other treatments or medications of the person receiving services. Include those identified in a Prescription Drug Monitoring Program (PDMP) that could affect their clinical presentation and/or pharmacotherapy, as well as information on allergies including medication allergies
- An exam that includes current mental status, mental health (including depression screening, and other tools that may be used in ongoing measurement-based care) and substance use disorders (including tobacco, alcohol, and other drugs)
- Basic cognitive screening for cognitive impairment
- Assessment of imminent risk, including suicide risk, withdrawal and overdose risk, danger to self or others, urgent or critical medical conditions, and other immediate risks including threats from another person
- The strengths, goals, preferences, and other factors to be considered in treatment and recovery planning of the person receiving services
- Assessment of the need for other services required by the statute (i.e., peer and family/caregiver support services, targeted case management, psychiatric rehabilitation services)
- Assessment of any relevant social service needs of the person receiving services, with necessary referrals made to social services. For children and youth receiving services, assessment of systems involvement such as child welfare and juvenile justice and referral to child welfare agencies as appropriate
- An assessment of need for a physical exam or further evaluation by appropriate health care professionals, including the primary care provider (with appropriate referral and follow-up) of the person receiving services
- The preferences of the person receiving services regarding the use of technologies such as telehealth/telemedicine, video conferencing, digital therapeutics, remote patient monitoring, and asynchronous interventions.

#### **4.d.5 - Behavioral Health Screening, Assessment, and Diagnosis**

**A.** Screening and assessment conducted by the CCBHC related to behavioral health include those for which the CCBHC is accountable pursuant to program requirement 5 and Appendix B of the criteria.

**B.** Other screening and monitoring required (if any) by the certifying state.

Utilization of the Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS) pursuant to Integrated Assessment and Treatment Planning (IATP) as found in 89 ILAC 140.453

- Substance use disorder assessment using the American Society of Addiction Medicine (ASAM) multi-dimensional assessment
- Psychiatric Evaluation as performed by a physician, licensed clinical psychologist, or advance psychiatric nurse practitioner licensed in the state of



Illinois and capable of independent practice and qualified to prescribe medications for the treatment of behavioral health condition

- Completion of the IM+CANS Health Risk Assessment

**C.** The CCBHC conducts screening utilizing nationally recognized and validated instruments, the following screening must be available to customers:

- Substance Use Disorder Screening;
- Mental Health Disorder Screening;
- Physical Health Screening; and
- Development Screening (including for autism).

*One response is required per criteria.*

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 4.d.4.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.d.4.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.d.5.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.d.5.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.d.5.C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13. \*Program Requirement 4: Scope of Services (continued)**

**4.d.4 - Behavioral Health Screening, Assessment, and Diagnosis**

**A.** The comprehensive evaluation should gather the amount of information that is commensurate with the complexity of their specific needs and prioritize preferences of

people receiving services with respect to the depth of evaluation and their treatment goals.

**B. The comprehensive evaluation includes:**

- Reasons for seeking services at the CCBHC, including information regarding onset of symptoms, severity of symptoms, and circumstances leading to the presentation to the CCBHC of the person receiving services
- An overview of relevant social supports; social determinants of health and health-related social needs such as housing, vocational, and educational status; family/caregiver and social support; legal issues; and insurance status
- A description of cultural and environmental factors that may affect the treatment plan of the person receiving services, including the need for linguistic services or supports for people with LEP
- Pregnancy and/or parenting status
- Behavioral health history, including trauma history and previous therapeutic interventions and hospitalizations with a focus on what was helpful and what was not helpful in past treatments
- Relevant medical history and major health conditions that impact current psychological status
- A medication list including prescriptions, over-the counter medications, herbal remedies, dietary supplements, and other treatments or medications of the person receiving services. Include those identified in a Prescription Drug Monitoring Program (PDMP) that could affect their clinical presentation and/or pharmacotherapy, as well as information on allergies including medication allergies
- An exam that includes current mental status, mental health (including depression screening, and other tools that may be used in ongoing measurement-based care) and substance use disorders (including tobacco, alcohol, and other drugs)
- Basic cognitive screening for cognitive impairment
- Assessment of imminent risk, including suicide risk, withdrawal and overdose risk, danger to self or others, urgent or critical medical conditions, and other immediate risks including threats from another person
- The strengths, goals, preferences, and other factors to be considered in treatment and recovery planning of the person receiving services
- Assessment of the need for other services required by the statute (i.e., peer and family/caregiver support services, targeted case management, psychiatric rehabilitation services)
- Assessment of any relevant social service needs of the person receiving services, with necessary referrals made to social services. For children and youth receiving services, assessment of systems involvement such as child welfare and juvenile justice and referral to child welfare agencies as appropriate

- An assessment of need for a physical exam or further evaluation by appropriate health care professionals, including the primary care provider (with appropriate referral and follow-up) of the person receiving services
- The preferences of the person receiving services regarding the use technologies such as telehealth/telemedicine, video conferencing, digital therapeutics, remote patient monitoring, and asynchronous interventions

#### **4.d.5 - Behavioral Health Screening, Assessment, and Diagnosis**

**A.** Screening and assessment conducted by the CCBHC related to behavioral health include those for which the CCBHC is accountable pursuant to program requirement 5 and Appendix B of the criteria.

**B.** Other screening and monitoring required (if any) by the certifying state. Utilization of the Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS) pursuant to Integrated Assessment and Treatment Planning (IATP) as found in 89 ILAC 140.453;

- Substance use disorder assessment using the American Society of Addiction Medicine (ASAM) multi-dimensional assessment
- Psychiatric Evaluation as performed by a physician, licensed clinical psychologist, or advance psychiatric nurse practitioner licensed in the state of Illinois and capable of independent practice and qualified to prescribe medications for the treatment of behavioral health condition.
- Completion of the IM+CANS Health Risk Assessment

**C.** The CCBHC conducts screening utilizing nationally recognized and validated instruments, the following screening must be available to customers:

- Substance Use Disorder Screening;
- Mental Health Disorder Screening;
- Physical Health Screening; and
- Development Screening (including for autism).

*One response is required per criteria.*

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 4.d.4.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.d.4.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.d.5.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.d.5.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.d.5.C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 14. \*Program Requirement 4: Scope of Services (continued)

### **4.d.6 - Behavioral Health Screening, Assessment, and Diagnosis**

**A.** The CCBHC uses standardized and validated and developmentally appropriate screening and assessment tools appropriate for the person and, where warranted, brief motivational interviewing techniques to facilitate engagement.

### **4.d.7 - Behavioral Health Screening, Assessment, and Diagnosis**

**A.** The CCBHC uses culturally and linguistically appropriate screening tools and approaches that accommodate all literacy levels and disabilities (e.g., hearing disability, cognitive limitations), when appropriate.

### **4.d.8 - Behavioral Health Screening, Assessment, and Diagnosis**

**A.** If screening identifies unsafe substance use, including problematic alcohol or other substance use, the CCBHC conducts a brief intervention and the person receiving services is provided a full assessment and treatment, if appropriate within the level of care of the CCBHC, or referred to a more appropriate level of care. If the screening identifies more immediate threats to the safety of the person receiving services, the CCBHC takes appropriate action as described in 2.b.1.

**B.** With 12 months of certification, CCBHCs must enhance screening, assessment, diagnosis, and risk assessment services to include Psychological and neuropsychological evaluations as performed by a licensed clinical psychologist.

*One response is required per criteria.*

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 4.d.6.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.d.7.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.d.8.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.d.8.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**15. [\\*Program Requirement 4: Scope of Services \(continued\)](#)**

*For more information related to person-centered treatment planning see:*

- [eCFR :: 42 CFR Part 485 Subpart J -- Conditions of Participation: Community Mental Health Centers \(CMHCs\)](#)
- [CFR :: 42 CFR Part 441 Subpart M -- State Plan Home and Community-Based Services for the Elderly and Individuals with Disabilities](#)

**4.e.1 - Person-Centered and Family-Centered Treatment Planning**

**A.** The CCBHC directly, or through a DCO, provides person-centered and family-centered treatment planning including but not limited to, risk assessment and crisis planning. Person-centered and family-centered treatment planning satisfies the requirements of criteria 4.e.2 – 4.e.8 below and is aligned with the requirements of Section 2402(a) of the Affordable Care Act, including person receiving services involvement and self-direction.

*Note: See program requirement 3 related to coordination of care and treatment planning.*

**4.e.2 - Person-Centered and Family-Centered Treatment Planning**

**A.** The CCBHC develops an individualized treatment plan based on information obtained through comprehensive evaluation and the person receiving services’ goals and preferences.

**B.** The plan addresses the person’s prevention, medical, and behavioral health needs and is developed in collaboration with and be endorsed by the person receiving services, their family (if the person receiving services so wishes), and family/caregivers/legal

guardians of youth and children.

**C.** The treatment plan development is coordinated with staff or programs necessary to carry out the plan and supports care in the least restrictive setting possible.

**D.** All necessary releases of information are obtained and included in the health record as a part of the development of the initial treatment plan.

**4.e.3 - Person-Centered and Family-Centered Treatment Planning**

**A.** The CCBHC uses the initial and comprehensive evaluations and ongoing screening assessments of the person receiving services to inform the treatment plan and services provided.

*One response is required per criteria.*

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 4.e.1.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.e.2.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.e.2.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.e.2.C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.e.2.D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.e.3. A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Program Requirement 4: Scope of Services (continued)

*For more information related to person-centered treatment planning see*

- [eCFR :: 42 CFR Part 485 Subpart J -- Conditions of Participation: Community Mental Health Centers \(CMHCs\)](#)
- [CFR :: 42 CFR Part 441 Subpart M -- State Plan Home and Community-Based Services for the Elderly and Individuals with Disabilities](#)

#### **4.e.4 - Person-Centered and Family-Centered Treatment Planning**

**A.** Treatment planning includes needs, strengths, abilities, preferences, and goals, expressed in a manner capturing the words or ideas of the person receiving services or their family if appropriate.

#### **4.e.5 - Person-Centered and Family-Centered Treatment Planning**

**A.** The treatment plan is comprehensive, addressing all services required, including recovery supports, with provision for monitoring of progress towards goals and built upon a shared decision-making approach.

#### **4.e.6 - Person-Centered and Family-Centered Treatment Planning**

**A.** The CCBHC seeks consultation where appropriate during treatment planning (e.g., eating disorders, traumatic brain injury, intellectual and developmental disabilities (I/DD), interpersonal violence and human trafficking).

#### **4.e.7 - Person-Centered and Family-Centered Treatment Planning**

**A.** The person's health record documents any advance directives related to treatment and crisis planning. If the person receiving services does not wish to share their preferences, that decision is documented. Please see 3.a.4., requiring the development of a crisis plan with each person receiving services.

**B.** Other aspects of person-centered and family-centered treatment planning required (if any) by the certifying states.

**C.** Recording of all identified service needs and referrals, regardless of provider, on the Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS) pursuant to Integrated Assessment and Treatment Planning (IATP) as found in 89 ILAC 140.453; and

**D.** Treatment planning following a crisis must include a Crisis Safety and Prevention Plan.



*One response is required per criteria.*

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 4.e.4.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.e.5.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.e.6.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.e.7.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.e.7.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.e.7.C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.e.7.D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. \*Program Requirement 4: Readiness Assessment

**4.f.1. - Outpatient Mental Health and Substance Use Services**

**A.** The CCBHC directly, or through a DCO, provides outpatient behavioral health care including psychopharmacological treatment that are evidence-based services using best practices for treating mental health and substance use

disorders across the lifespan with tailored approaches for adults, children, and families.

**B.** SUD treatment and services are provided as described in the American Society for Addiction Medicine Levels 1 and 2.1 and include treatment of tobacco use disorders.

**C.** In the event specialized or more intensive services outside the expertise of the CCBHC or DCO are required for purposes of outpatient mental, and substance use disorder treatment the CCBHC makes them available through referral or other formal arrangement with other providers or, where necessary and appropriate, through use of telehealth/telemedicine, in alignment with state and federal laws and regulations.

**D.** The CCBHC provides or makes available through a formal arrangement traditional practices/treatment as appropriate for the people receiving services served in the CCBHC area.

*One response is required per criteria.*

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 4.f.1.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.f.1.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.f.1.C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.f.1.D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. \*Program Requirement 4: Scope of Services (continued)

**4.f.1 - Outpatient Mental Health and Substance Use Services (continued)**

**E.** The CCBHC delivers the evidence-based practices as required by certifying states.

**F.** The CCBHC must be able to provide the following outpatient mental health and

substance use services upon certification. All community-based behavioral health services as detailed in the following sections of 89 ILAC 140.453:

- 140.453(d)(2)(A) – Community Support Services;
- 140.453(d) (C) – Medication Administration;
- 140.453(d) (D) – Medication Monitoring;
- 140.453(d) (E) – Medication Training;
- 140.453(d) (G) – Therapy / Counseling (individual, family, and group); and

**G.** All ASAM Level 1 and ASAM Level 2 services as detailed on the HFS Substance Use Prevention and Recovery (SUPR) Fee Schedule

<https://hfs.illinois.gov/medicalproviders/medicaidreimbursement/suprfeeschedule.html> .

#### **4.f.2 - Outpatient Mental Health and Substance Use Services**

**A.** Treatments are provided that are appropriate for the phase of life and development of the person receiving services and delivered by staff with specific training in treating the segment of the population being served. When treating children and adolescents, CCBHCs provide evidenced-based services that are developmentally appropriate, youth-guided, and family/caregiver-driven. When treating older adults, the desires and functioning of the individual person receiving services are considered, and appropriate evidence-based treatments are provided. When treating individuals with developmental or other cognitive disabilities, level of functioning is considered, and appropriate evidence-based treatments are provided.

#### **4.f.3 - Outpatient Mental Health and Substance Use Services**

**A.** Supports for children and adolescents comprehensively address family/caregiver, school, medical, mental health, substance use, psychosocial, and environmental issues.

*One response is required per criteria.*

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 4.f.1.E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.f.1.F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.f.1.G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.f.2.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.f.3.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. \*Program Requirement 4: Scope of Services (continued)

**4.g.1 - Outpatient Clinic Primary Care Screening and Monitoring**

**A.** The CCBHC monitors key health indicators and health risks, and coordinates care in a timely fashion. The Medical Director has established protocols that conform to screening recommendations with scores of A and B of the United States Preventive Services Task Force Recommendations for the following conditions:

- HIV and viral hepatitis
- Primary care screening pursuant to CCBHC Program Requirement 5 Quality and Other Reporting and Appendix B
- Other clinically indicated primary care key health indicators of children, adults, and older adults receiving services, as determined by the CCBHC Medical Director and based on environmental factors, social determinants of health, and common physical health

conditions experienced by the CCBHC person receiving services population. Medication Monitoring; and

- Vitals and BMI monitoring.

#### **4.g.2. - Outpatient Clinic Primary Care Screening and Monitoring**

**A.** The Medical Director developed organizational protocols to ensure screening for common physical health conditions experienced by CCBHC populations across the lifespan.

Protocols include:

- Identifying people receiving services with chronic diseases
- Ensuring that people receiving services are asked about physical health symptoms
- Establishing systems for collection and analysis of laboratory samples, fulfilling the requirements of 4.g.

**B.** The CCBHC should have the ability to collect biologic samples directly, through DCO, or through a formal agreement. This includes targeted toxicology services as an adjunct to behavioral health service delivery. Laboratory analyses can be done directly or through another arrangement with an organization separate from the CCBHC.

**C.** The CCBHC must also coordinate with the primary care provider to ensure that screenings occur for the identified conditions. If the person receiving services' primary care provider conducts the necessary screening and monitoring, the CCBHC is not required to do so as long as it has a record of the screening and monitoring and the results of any tests that address the health conditions included in the CCBHCs screening and monitoring protocols developed under 4.g

#### **4.g.3 - Outpatient Clinic Primary Care Screening and Monitoring**

**A.** The CCBHC provides ongoing primary care monitoring of health conditions as identified in 4.g.1 and 4.g.2., and as clinically indicated for the individual. Monitoring includes the following:

- Ensuring individuals have access to primary care services
- Ensuring ongoing periodic laboratory testing and physical measurement of health status indicators and changes in the status of chronic health conditions
- Coordinating care with primary care and specialty health providers including tracking attendance at needed physical health care appointments; and promoting a healthy lifestyle

*One response is required per criteria.*

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 4.g.1.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.g.2.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.g.2.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.g.2.C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.g.3.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 20. \*Program Requirement 4: Scope of Services (continued)

### **4.h.1. - Targeted Case Management Services**

**A.** The CCBHC or through a DCO provides evidence-based rehabilitation services for both mental health and substance use disorders. Psychiatric rehabilitation services include:

- Supported employment programs designed to provide those receiving services with on-going support to obtain and maintain competitive, integrated employment (e.g., evidence-based supported employment, customized employment programs, or employment supports that are run in coordination with Vocational Rehabilitation or Career One-Stop services)
- Services that help people to participate in supported education and other educational services; achieve social inclusion and community connectedness; participate in medication education, self-management, and/or individual and family/caregiver psychoeducation; and find and maintain safe and stable housing  
Note: See program requirement 3 regarding coordination of services and treatment planning.

**B.** The CCBHC provides the scope of targeted case management services to the specific populations for which they are intended as specified (if any) by certifying states

**C.** Targeted Case Management assists people receiving services in sustaining recovery and gaining access to needed medical, social, legal, educational, housing, vocational, and other services and supports. CCBHC targeted case management provides an intensive level of support that goes beyond the care coordination that is a basic expectation for all people served by the CCBHC. Targeted case management are supports for customers: 1) with complex or serious mental health or substance use conditions; 2) who have short-term need of intensive critical supports (e.g. during acute crisis episodes or transitioning between levels of care); or 3) deemed at high risk of suicide or overdose. CCBHC targeted case management should also be accessible to customers during other critical periods, such as episodes of homelessness or transitions to the community from jails or prisons. For more information, visit: [CMS Case Management TA Tool \[CMS-2237-IFC\]](#)

*One response is required per criteria.*

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 4.h.1.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.h.1.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.h.1.C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. \*Program Requirement 4: Scope of Services (continued)

**4.i.1 - Psychiatric Rehabilitation Services**

**A.** The CCBHC or through a DCO provides evidence-based rehabilitation services for both mental health and substance use disorders. Psychiatric rehabilitation services include: Supported employment programs designed to provide those receiving services with on-going support to obtain and maintain competitive, integrated employment (e.g., evidence-based supported employment, customized employment programs, or employment supports that are run in coordination with Vocational Rehabilitation or Career One-Stop services) Services that help people to participate in supported education and other educational services; achieve social inclusion and community connectedness; participate in medication education, self-management, and/or individual and family/caregiver psychoeducation; and find and maintain safe and stable housing. Note: See program requirement 3 regarding coordination of services and treatment planning.

*One response is required per criteria.*

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 4.i.1.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. \*Program Requirement 4: Scope of Services (continued)



**4.i.1 - Psychiatric Rehabilitation Services**

**B.** Evidence-based and other psychiatric rehabilitation services above the minimum requirements described in 4.i as required (if any) by certifying states:

- Cognitive Behavioral Therapy (CBT);
- Wellness Recovery Action Plan (WRAP);
- Motivational Interviewing;
- One of the Team-based MRO Services detailed in 89 ILAC 140.435(d);
- Supportive employment;
- Supportive housing;
- Medication Assisted Recovery (MAR) - All FDA-approved forms of medication to be used in the delivery of except Methadone;
- Assertive Community Treatment (ACT) only if in an urban county
- Dialectical Behavior Therapy (DBT);
- Trauma Informed Cognitive Behavioral Therapy (TF-CBT);
- Eye Movement Desensitization and Reprocessing (EMDR)

*One response is required per Evidence Based Practice (EBP) or service.*

*Note: CCBHCs must implement the Department approved services within its Evidence-based Programs / Evidence-informed Service Plan.*

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Cognitive Behavioral Therapy (CBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellness Recovery Action Plan (WRAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivational Interviewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One of the team-based MRO services detailed in 89 ILAC 140.453(d)(f) (i.e. ACT, CST, VP-CST)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supportive Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Assisted Recovery (MAR) - All FDA-approved forms of medication to be used in the delivery of except Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assertive Community Treatment (ACT) [this only applied to urban coverage areas, if rural, select "Not Started at All"]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dialectical Behavior Therapy (DBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma Informed Cognitive Behavioral Therapy (TI-CBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye Movement Desensitization and Reprocessing (EMDR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. \*Do you plan to provide or are you already providing any of the following services at your CCBHC location?

Please note preference will be given to organizations who will provide any of the services below. You must indicate a response for each service.

*One response is required per Service*

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Have Not Started	Do Not Plan to Provide (6)
Applied Behavior Support (ABS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathways: Respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathways: Therapeutic Mentoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathways: Intensive Home Based	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Assisted Recovery (MAR): Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. ^ Do you plan on providing any additional services or EBPs at your CCBHC site location outside of the required?

- a. Yes - ^ Continue to question 25
- b. No - ^ Skip to question 26
- c. Not Yet Decided – ^ Continue to question 25

25. Please explain additional services you plan to provide or are considering providing at the CCBHC site location, in addition to the required EBPs. Include the readiness level of each additional EBPs using the scale in this section.

26 \*Program Requirement 4: Scope of Services (continued)

**4.j.1 - Peer Supports, Peer Counseling, and Family/Caregiver Supports**

- A.** The CCBHC or through a DCO provides peer supports, including peer specialist and recovery coaches, peer counseling, and family/caregiver supports.
- B.** The CCBHC or through a DCO provides the scope of peer and family services specified (if any) by certifying states.
- C.** Upon certification CCBHCs must be able to provide peer support services as delivered by: SUD-based Peer Recovery Support Specialists; Peer Support Workers (PSW) as defined in 89 ILAC 140.453(b)

*One response is required per criteria.*

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 4.j.1.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.j.1.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.j.1.C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. \*Program Requirement 4: Scope of Services (continued)

**4.k.1 - Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans**

- A.** The CCBHC provides directly, or through a DCO, intensive, community-based behavioral health care for certain members of the U.S. Armed Forces and veterans, particularly those Armed Forces members located 50 miles or more (or one hour’s drive time) from a Military Treatment Facility and veterans living 40 miles or more (driving distance) from a VA medical facility, or as otherwise required by federal law. The

CCBHC has demonstrated efforts to facilitate the provision of intensive community-based behavioral health services to veterans and active-duty military personnel.

#### **4.k.2. - Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans**

**A.** With all individuals inquiring about services, the CCBHC documents whether they have ever served in the U.S. military.

**B.** For those affirming current or former service in the U.S. military, CCBHCs either directs them to care or provides care through the CCBHC in the following manner:

- Active Duty Service Members (ADSM) must use their servicing MTF, and their MTF Primary Care Managers (PCMs) are contacted by the CCBHC regarding referrals outside the MTF.
- ADSMs and activated Reserve Component (Guard/Reserve) members who reside more than 50 miles (or one hour's drive time) from a military hospital or military clinic enroll in TRICARE PRIME Remote and use the network PCM or select any other authorized TRICARE provider as the PCM. The PCM refers the member to specialists for care he or she cannot provide and works with the regional managed care support contractor for referrals/authorizations
- Members of the Selected Reserves, not on Active Duty (AD) orders, are eligible for TRICARE Reserve Select and can schedule an appointment with any TRICARE authorized provider, network or non-network.

**C.** The CCBHC offers assistance with enrollment in the VHA for the delivery of health and behavioral health services to persons affirming former military service.

- Veterans who decline or are ineligible for VHA services will be served by the CCBHC consistent with minimum clinical mental health guidelines promulgated by the VHA.
- These include clinical guidelines contained in the Uniform Mental Health Services Handbook as excerpted below (from VHA Handbook 1160.01, Principles of Care found in the Uniform Mental Health Services in VA Centers and Clinics).
- *Note: See also program requirement 3 requiring coordination of care across settings and providers, including facilities of the Department of Veterans Affairs.*

*One response is required per criteria.*

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 4.k.1.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.k.2.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.k.2.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.k.2.C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. \*Program Requirement 4: Scope of Services (continued)

**4.k.3 - Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans**

**A.** The CCBHC ensures coordination for the care of substance use disorders and other mental health conditions for veterans and active-duty military personnel who experience both, to the extent those services are appropriately provided by the CCBHC in accordance with criteria 4.k.1 and 4. k.2.

**B.** The CCBHC provides for integration and coordination of care for behavioral health conditions and other components of health care for all veterans and active-duty military personnel who experience both, to the extent those services are appropriately provided by the CCBHC in accordance with criteria 4.k.1 and 4.k.2.

**4.k.4 - Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans**

**A.** The CCBHC assigns a Principal Behavioral Health Provider to every veteran seen, unless the VHA has already assigned a Principal Behavioral Health Provider. When veterans are seeing more than one behavioral health provider and when they are involved in more than one program, the identity of the Principal Behavioral Health

Provider is made clear to the veteran and identified in the health record. The Principal Behavioral Health Provider ensures the following requirements are fulfilled:

- Regular contact is maintained with the veteran as clinically indicated if ongoing care is required.
- A psychiatrist or such other independent prescriber as satisfies the current requirements of the VHA Uniform Mental Health Services Handbook reviews and reconciles each veteran's psychiatric medications on a regular basis.
- Coordination and development of the veteran's treatment plan incorporates input from the veteran (and, when appropriate, the family with the veteran's consent when the veteran possesses adequate decision-making capacity or with the veteran's surrogate decision maker's consent when the veteran does not have adequate decision-making capacity).
- Implementation of the treatment plan is monitored and documented. This must include tracking progress in the care delivered, the outcomes achieved, and the goals attained.
- The treatment plan is revised when necessary and meeting the basic CCBHC requirements to review and update every 6 months per criterion 2.b.2.
- The principal therapist or Principal Behavioral Health Provider communicates with the veteran (and the veteran's authorized surrogate or family or friends when appropriate and when veterans with adequate decision-making capacity consent) about the treatment plan, and for addressing any of the veteran's problems or concerns about their care. For veterans who are at high risk of losing decision making capacity, such as those with a diagnosis of schizophrenia or schizoaffective disorder, such communications need to include discussions regarding future behavioral health care treatment (see information regarding Advance Care Planning Documents in VHA Handbook 1004.2).
- The treatment plan reflects the veteran's goals and preferences for care and that the veteran verbally consents to the treatment plan in accordance with VHA Handbook 1004.1, Informed Consent for Clinical Treatments and Procedures. If the Principal Behavioral Health Provider suspects the veteran lacks the capacity to make a decision about the mental health treatment plan, the provider must ensure the veteran's decision-making capacity is formally assessed and documented. For veterans who are determined to lack capacity, the provider must identify the authorized surrogate and document the surrogate's verbal consent to the treatment plan.

#### **4.k.5 - Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans**

**A.** The CCBHC provides behavioral health services for veterans that are recovery-oriented and adhere to the guiding principles of recovery (outlined in criteria 4.k.5), VHA recovery, and other VHA guidelines.

*One response is required per criteria.*

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 4.k.3.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.k.3.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.k.4.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.k.5.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. \*Program Requirement 4: Scope of Services (continued)

**4.k.6 - Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans**

- A. All behavioral health care is provided with cultural competence.
  1. Any staff who is not a veteran has training about military and veterans' culture in order to be able to understand the unique experiences and contributions of those who have served their country.
  2. All staff receive cultural competency training on issues of race, ethnicity, age, sexual orientation, and gender identity.

**4.k.7 - Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans**

- A. The CCBHC develops a behavioral health treatment plan for all veterans receiving behavioral health services compliant with provisions of Criteria 4.K.
  1. The treatment plan includes the veteran's diagnosis or diagnoses and documents consideration of each type of evidence-based intervention for each diagnosis.
  2. The treatment plan includes approaches to monitoring the outcomes (therapeutic benefits and adverse effects) of care, and milestones for reevaluation of interventions and of the plan itself.



- 3. As appropriate, the plan considers interventions intended to reduce/manage symptoms, improve functioning, and prevent relapses or recurrences of episodes of illness.
- 4. The plan is recovery oriented, attentive to the veteran’s values and preferences, and evidence-based regarding what constitutes effective and safe treatments.
- 5. The treatment plan is developed with input from the veteran and, when the veteran consents, appropriate family members. The veteran’s verbal consent to the treatment plan is required pursuant to VHA Handbook 1004.1.

**B.** CCBHCs must be able to provide coordination with local Veterans Affairs (VA) health providers

**C.** CCBHCs must be able to provide Specialized veteran peer support specialists.

*One response is required per criteria.*

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 4.k.6.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.k.7.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.k.7.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 4.k.7.C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. \*Program Requirement 5: Quality and Other Reporting

**5.a.1. - Data Collection, Reporting, and Tracking**

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

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

**B.** The CCBHC collects and reports on the Clinic-Collected quality measures identified as required in Appendix B for all people receiving CCBHC services. CCBHCs report quality measures nine months after the end of the measurement year as that term is defined in the technical specifications.

*One response is required per criteria.*

*Note: See criteria 3.b for requirements regarding health information systems.*

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 5.a.1.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 5.a.1.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. \*Program Requirement 5: Quality and Other Reporting (continued)

**5.a.2. - Data Collection, Reporting, and Tracking**

**A.** CCBHCs participating in Section 223 Demonstration must collect and report the data to their states.

**B.** 5.a.2.B CCBHC-Es that are required to report quality measure data, report it directly to SAMHSA.

5. a.2.

**C.** The CCBHC collects and reports any of the optional Clinic-Collected measures identified in Appendix as required (if any) by certifying states.

**D.** Reporting is annual and, for Clinic-Collected quality measures, reporting is required for all people receiving CCBHC services.

**E.** CCBHCs are to report quality measures nine months after the end of the measurement year as that term is defined in the technical specifications.

**F.** CCBHCs participating in the Section 223 Demonstration have arrangements with DCOs for access to quality measures data for CCBHC services delivered by DCOs as legally permissible.

*One response is required per criteria.*

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 5.a.2.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 5.a.2.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 5.a.2.C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 5.a.2.D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 5.a.2.E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 5.a.2.F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. \*Program Requirement 6: Organizational Authority, Governance, and Accreditation

### 6.b.1 - Governance

**A.** The CCBHC has identified how to integrate meaningful participation in leadership and decision-making positions within their governance by individuals with lived experience of mental and/or substance use disorders and their families, including youth.

**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. OR

**Option 2.** Individuals with lived experience of mental and/or substance use disorders and family members of people receiving services 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; and 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 are shared with those participating in the alternate arrangement and recommendations from the alternate arrangement are entered into the formal board record.
- A member or members of the arrangement must be invited to board meetings; and
- Representatives of the alternate arrangement must have the opportunity to regularly address the board directly, share recommendations directly with the board, and have their comments and recommendations recorded in the board minutes.
- The CCBHC provides staff support for posting an annual summary of the recommendations from the alternate arrangement under option 2 on the CCBHC website.
- Opportunity to share recommendations directly with the board.
  - The CCBHC provides staff support for posting an annual summary of the recommendations from the alternate arrangement on the CCBHC website.

Which Option do you plan to use at your CCBHC site location?

- a. Option 1
- b. Option 2

[33. \\*Program Requirement 6: Organizational Authority, Governance, and Accreditation \(continued\)](#)

## 6.b.1 - Governance

**A.** The CCBHC has identified how to integrate meaningful participation in leadership and decision-making positions within their governance by individuals with lived experience of mental and/or substance use disorders and their families, including youth.

**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. OR

**Option 2.** Individuals with lived experience of mental and/or substance use disorders and family members of people receiving services 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; and 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 are shared with those participating in the alternate arrangement and recommendations from the alternate arrangement are entered into the formal board record.
- A member or members of the arrangement must be invited to board meetings; and
- Representatives of the alternate arrangement must have the opportunity to regularly address the board directly, share recommendations directly with the board, and have their comments and recommendations recorded in the board minutes.
- The CCBHC provides staff support for posting an annual summary of the recommendations from the alternate arrangement under option 2 on the CCBHC website.
- Opportunity to share recommendations directly with the board.
  - The CCBHC provides staff support for posting an annual summary of the recommendations from the alternate arrangement on the CCBHC website.

## 6.b.4 - Governance

**A.** Members of the governing or advisory boards are representative of the communities in which the CCBHC's service area is located and are 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 service agencies within the communities served. 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.

One response is required per criteria.

For 6.b.1.A, answer based on the option you selected for your CCBHC site location.

	Ready Immediately	Almost Ready	Somewhat Ready	Planning Phases	Not Started at All
Program Requirement 6.b.1 (option selected in question #32)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Requirement 6.b.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

^If Ready or Almost Ready or Somewhat ready is selected – go to question 35

^If ONLY planning or not started is selected – go to section 7: Additional information

34 Regarding your completed or nearly complete Governance structure for your CCBHC site location, please provide details on your board composition.

*500 character limit*

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## **Section 7: Additional information (optional)**

This is an optional section to provide any information your organization feels is important for the State to know in support of your CCBHC application, that has not already been provided in the application. There is one optional question.

1. Is there any other information you would like to provide for consideration for the CCBHC Learning Collaborative Application that you have not already provided?  
3,000 character limit

## Section 8: Attestations

This section requires signatures from Organizational leadership to attest to critical information provided in the application. There are four questions in this section.

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1. \*My organization believes to the best of our ability that we will be ready to be a CCBHC Demonstration site in Illinois by October 1, 2025.

*<e-signature required>*

2. \*If my organization is accepted into the CCBHC Learning Collaborative, we commit to participate in all Learning Collaborative sessions. Below are the planned session dates (subject to change).

Monday, June 23rd, 2025	12:00 p.m. - 1:30 p.m.
Monday, July 28th, 2025	12:00 p.m. - 1:30 p.m.
Monday, August 25th, 2025	12:00 p.m. - 1:30 p.m.
Monday, September 22nd, 2025	12:00 p.m. - 1:30 p.m.
Monday, October 20 <sup>th</sup> , 2025	12:00 p.m. - 1:30 p.m.
Monday, November 17 <sup>th</sup> , 2025	12:00 p.m. - 1:30 p.m.
Monday December 15 <sup>th</sup> , 2025	12:00 p.m. - 1:30 p.m.

*<e-signature required >*

3. \*I attest that the information provided in this application is true.

*<e-signature required >*

4. \*I have read and understand the full SAMHSA CCBHC criteria. I understand that to become a CCBHC Medicaid Demonstration provider I will be required to meet all the Illinois CCBHC Medicaid Criteria.

*<e-signature required >*

Congratulations! You have completed the CCBHC Learning Collaborative Application. Press "Next" to submit.

On the next page you will be able to download a summary of all of your answers.

5. \*I am ready to submit my application.