

**Illinois Certified Community Behavioral Health Clinic Service Requirements**  
**Updated: September 22, 2023**

Certified Community Behavioral Health Clinics, or CCBHCs, were introduced in Section 223 of the Protecting Access to Medicare Act (PAMA, 2014). In March of 2023, Substance Abuse and Mental Health Services Administration (SAMHSA) provided [updated criteria for CCBHC compliance](#). As indicated in the updated criteria, CCBHCs must provide a comprehensive set of behavioral health services designed to improve health and wellness for customers served.

CCBHCs are responsible for providing a comprehensive scope of services that encompasses nine specific categories of service. These nine service categories are:

1. Crisis Services;
2. Treatment Planning;
3. Screening, Assessment, Diagnosis & Risk Assessment;
4. Outpatient Mental Health & Substance Use Services;
5. Targeted Case Management;
6. Outpatient Primary Care Screening and Monitoring;
7. Community-Based Mental Health Care for Veterans;
8. Peer, Family Support & Counselor Services; and
9. Psychiatric Rehabilitation Services.

CCBHCs may provide the services under these categories directly or establish a relationship with a Designated Collaborating Organization (DCO). A DCO may provide up to 49% of required services, while the CCBHC must provide, at a minimum, 51% of required services. States may also develop specific criteria and service requirements to ensure that CCBHCs meet the unique needs of the state's citizens.

To that end, Illinois has developed the following Illinois-specific CCBHC Service Requirements (ICSR) that clarifies the service activities that Illinois will be requiring under each Service Category. Providers must currently offer, or have a plan to offer, these service activities within timeframes specified below to be approved for participation in the CCBHC Demonstration.

**Illinois' CCBHC Scope of Services**

**1. Category – Crisis Services**

To be considered for participation in the Demonstration, the provider must be able to offer the following crisis services immediately:

- 24/7 Availability of the following services, as detailed in 89 ILAC 140.453:
  - Mobile Crisis Response (MCR);
  - Crisis Intervention; and
  - Crisis Stabilization.

Within 12 months, the provider must be able to enhance crisis service accessibility to include the following:

- Integrate SUD protocols into Mobile Crisis Response (MCR) services, including all MCR responders having training in and immediate access to methods of overdose prevention/reversal.
- Access to Medication Assisted Recovery (MAR) within 24 hours of an SUD crisis event.
- Behavioral Health Urgent Care Centers with Observation Units. Urgent Care Centers provide walk-in access to behavioral health crisis and outpatient services. The treatment team at the Urgent Care Center provide triage assessments, address urgent concerns, prescribe short-term psychiatric medications, make follow-up appointments, and assist with additional resources as needed. The Urgent Care Center must have an observational unit, primarily peer-managed, that provides a comfortable, safe, and stable environment for customers experiencing a crisis to remain under observation for a period up to 23 hours.

Within 24 months, the provider must enhance crisis service accessibility to include:

- Crisis Stabilization Unit Services. Crisis Stabilization Units (CSUs) provide short-term (3-5 days on average), overnight crisis stabilization services to customers experiencing a crisis and requiring peer support, assessment, psychiatric resources, and brief intervention. CSUs must be limited in size to 16 beds or less.

## **2. Category – Treatment Planning**

To be considered for participation in the Demonstration, the provider must be able to offer the following treatment planning services immediately:

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

## **3. Category – Screening, Assessment, Diagnosis & Risk Assessment**

To be considered for participation in the Demonstration, the provider must be able to offer the following screening, assessment, diagnosis, and risk assessment services immediately:

- Assessment.
  - 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 advanced 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.
  
- Screening. Utilizing nationally recognized and validated instruments, the following screening must be available to customers immediately:
  - Substance Use Disorder Screening;
  - Mental Health Disorder Screening;
  - Physical Health Screening; and
  - Developmental Screening (including for autism).
  
- Risk Assessment.
  - Completion of the IM+CANS Health Risk Assessment.

Within 12 months, the provider must enhance screening, assessment, diagnosis, and risk assessment services to include the following:

- Assessment.
  - Psychological and neuropsychological evaluations, as performed by a licensed clinical psychologist.

#### **4. Category – Outpatient Mental Health & Substance Use Services;**

To be considered for participation in the Demonstration, the provider must be able to offer the following outpatient mental health and substance use disorder services immediately:

- 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)(2)(C) – Medication Administration;
  - 140.453(d)(2)(D) – Medication Monitoring;
  - 140.453(d)(2)(E) – Medication Training;
  - 140.453(d)(2)(G) – Therapy / Counseling (individual, family, and group); and
- All ASAM Level 1 and ASAM Level 2 services as detailed on the HFS [Substance Use Prevention and Recovery \(SUPR\) Fee Schedule](#).

## **5. Category – Targeted Case Management**

To be considered for participation in the Demonstration, the provider must be able to offer targeted case management services for customers immediately, consistent with the following terms outlined by SAMHSA:

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.

## **6. Category – Outpatient Primary Care Screening and Monitoring**

To be considered for participation in the Demonstration, the provider must be able to offer the following outpatient primary care screening and monitoring services immediately:

- Physical health screening; referral for primary / physical health; and monitoring;
- Medication monitoring; and
- Vitals and BMI monitoring.

Within 12 months, the provider must enhance outpatient primary care screening and monitoring services to include the following lab services:

- Screening and testing for:
  - Hepatitis; and
  - HIV.
- Targeted toxicology services as an adjunct to behavioral health service delivery (urine – other lab testing).

## **7. Category – Community-Based Mental Health Care for Veterans;**

To be considered for participation in the Demonstration, the provider must be able to offer the following community-based mental health care for veterans' services immediately:

- Coordination with local Veterans Affairs (VA) health providers; and
- Specialized veteran support specialists (Peer).

## **8. Category – Peer, Family Support & Counselor Services; and**

To be considered for participation in the Demonstration, the provider must be able to offer peer support services immediately delivered by:

- SUD-based Peer Recovery Support Specialists;
- Peer Support Workers (PSW), as defined in 89 ILAC 140.453(b)(7).

**9. Category – Psychiatric Rehabilitation Services. (updated 9/22/23)**

To be considered for participation in the Demonstration, the provider must be able to offer the following psychiatric rehabilitation services immediately:

- Cognitive Behavioral Therapy (CBT);
- Wellness Recovery Action Plan (WRAP);
- Motivational Interviewing;
- One of the Team-based MRO Services detailed in 89 ILAC 140.453(d)(4);
- Supportive Employment;
- Supportive Housing; and
- All FDA-approved forms of medication to be used in the delivery of Medication Assisted Recovery (MAR), except for methadone. Methadone, as delivered by an Opioid Treatment Program (OTP) is not a required service but is an allowable service.

In addition, to be considered for participation in the Demonstration, the provider must submit to the state its Evidence-based Programs/ Evidence-informed Service Plan.<sup>1</sup>

Within 12 months, all providers must enhance psychiatric rehabilitation services to include the following:

- Dialectical Behavior Therapy (DBT);
- Trauma Informed Cognitive Behavioral Therapy (TF-CBT); and,
- Eye Movement Desensitization and Reprocessing (EMDR).

Additionally, providers located in urban counties, pursuant to the Counties by Rural/Urban Classification model found on the Illinois Department of Public Health [website](#), must also add Assertive Community Treatment (ACT) services within 12 months. ACT is not a required service addition for providers located in rural counties but is an allowable service.

**Evidence-based Programs/ Evidence-informed Service Plan.**

To be considered for participation in the Demonstration, the provider must submit an Evidence-based Programs/Evidence-informed Service Plan that details the Evidence-based Programs/Evidence Informed Services (EBP/EIS) that the provider will implement and the timeframe for implementation. The EBP/EIS Plan must detail implementation of all required EBP/EIS as well as any additional EBP/EIS that the provider will implement over and above requirements. The plan must include targeted populations, projected costs, and EBP/EIS fidelity requirements. EBP/EIS Plans must be approved by the Department prior to cost factors (actual or assumed) being included in a CCBHC's Prospective Payment System (PPS) rate.

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<sup>1</sup> See Evidence-based Programs/ Evidence-informed Service Plan Section of this document.

EBP/EIS reporting will be required, minimally, on a quarterly basis, in a manner and format defined by the Department established at the time of EBP/EIS Plan Approval.

### **CCBHC Care Coordination<sup>2</sup>**

CCBHCs are responsible for care coordination, which involves organizing care activities among different services and providers, and across various facilities. Care coordination is an activity rather than a service. The CCBHC is responsible for care coordination for services provided within the CCBHC, with Designated Collaborating Organizations (DCOs), and with the following entities, as required by SAMHSA.

- Federally-qualified health centers (and as applicable, rural health clinics) to provide Federally-qualified health center services (and as applicable, rural health clinic services) to the extent such services are not provided directly through the certified community behavioral health clinic.
- Inpatient psychiatric facilities and substance use detoxification, post detoxification step-down services, and residential programs.
- Other community or regional services, supports, and providers, including schools, child welfare agencies, and juvenile and criminal justice agencies and facilities, Indian Health Service youth regional treatment centers, State licensed and nationally accredited child placing agencies for therapeutic foster care service, and other social and human services.
- Department of Veterans Affairs medical centers, independent outpatient clinics, drop-in centers, and other facilities of the Department as defined in section 1801 of title 38, United States Code.
- Inpatient acute care hospitals and hospital outpatient clinics.

### **Preferred Applicant Status (section updated 9/22/23)**

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.
- By July 1, 2024, all FDA-approved forms of medication to be used in the delivery of Medication Assisted Recovery (MAR), including methadone.

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<sup>2</sup> [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/ccbhc-criteria-2022.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria-2022.pdf)

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.