



CHAPTER 503 AND LICENSED BEHAVIORAL HEALTH CENTERS (LBHCS)

Chapter 503 Licensed Behavioral Health Center (LBHC) Services

Appendix 503I.1 Certified Community Behavioral Health Clinics Certification Application

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BACKGROUND

Certified Community Behavioral Health Clinics (CCBHCs) will address three main goals:

1. Provide integrated healthcare services that are evidence-based, trauma-informed, recovery-oriented, and person- and family-centered across a continuum of care and throughout the lifespan of the individual.
2. Increase access to services by offering a comprehensive range of mental health, substance use disorder (SUD), and primary care screening services through systems integration and monitoring.
3. Maintain and expand upon established collaborative relationships with other service providers and healthcare systems to promote effective coordination of care.

Providers participating in the CCBHC model must meet all program requirements and follow the criteria set forth by the Bureau for Medical Services included in Chapter 503 CCBHC Appendix I. The West Virginia model requires CCBHCs to provide the following services directly:

1. Crisis mental health services, including 24-hour mobile crisis teams, emergency intervention services, and crisis stabilization
2. Screening, assessment, and diagnosis, including risk assessment
3. Patient-centered treatment planning, including risk assessment and crisis planning
4. Outpatient mental health and substance use services
5. Outpatient clinic primary care screening and monitoring of key health indicators and health risks
6. CCBHC Targeted case management
7. Psychiatric Rehabilitation Services
8. Peer support, counseling, and family support
9. Intensive, community-based behavioral healthcare for members of the armed forces and veterans, particularly those members and veterans located in rural areas. Care is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration (VHA), including clinical guidelines contained in the VHA Uniform Mental Health Service Handbook
10. All models of Assertive Community Treatment (ACT) as designated by the BMS
11. Children's Serious Emotional Disorder Waiver (CSEDW) services

Community Psychiatric Supportive Treatment (H0036), required as part of Psychiatric Rehabilitation Services, must be provided directly by the CCBHC or through a formal partnership with an agency authorized by BMS to provide these services.



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CERTIFICATION PROCESS

Application

All applicants who seek CCBHC certification in West Virginia must first submit a letter of intent prior to submitting the application. All documents must be clearly labeled following the naming conventions noted within this application, include a labeled coversheet, and all pages must be numbered. Applications will be reviewed by the CCBHC Certification Review Team, comprised of staff from BMS, the Bureau for Behavioral Health (BBH), and designee. The applicants who meet the minimum requirements will continue through the certification process. Letters of intent and applications must be sent to:

Bureau for Medical Services
Attention: Behavioral Health & Long-Term Care Unit
350 Capitol Street, Room 251
Charleston, West Virginia 25301

On-Site Review

The on-site review will consist of a meeting with leadership and staff, review of policies and procedures, and other activities as necessary.

Cost Report

Once the application is approved, applicants must submit a cost report utilizing the Substance Abuse and Mental Health Services Administration (SAMHSA) federal template to be reviewed and validated by the CCBHC Certification Review Team.

Certification Determination

After conducting the on-site and cost report review, the CCBHC Certification Review Team will inform the applicant of their application status in writing. The status may be:

- **Certified:** The applicant has demonstrated compliance with all requirements to become a West Virginia CCBHC, pending cost report approval.
- **Not Certified:** The applicant currently does not meet the requirements to become a CCBHC. A complete application must be resubmitted.
- **Decertified:** BMS reserves the right to terminate certification due to non-compliance of policy, state licensing revocation, or reports of abuse, fraud or other issues that are indicative of improper practice. A decertified CCBHC may reapply for certification upon receipt and approval by BMS of a remedial plan that addressed prior deficiencies.

After the initial certification, CCBHCs are required to be recertified every three years. The recertification will include completion of the CCBHC application and site review.



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CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC APPLICATION

Section A. Applicant Information

1. Name of applicant:

2. Primary Physical Street Address:

City:

State:

ZIP code:

3. National Provider Identifier (NPI) number:

Tax ID number:

4. Attach a copy of the Office of Health Facility Licensure & Certification (OFLAC) License. Label documents for this question: Agency Name_ Section A_Q4_Attachment_#1.

5. Check the box below if the applicant meets the stated minimum CCBHC requirement:

- The applicant is in good standing as a current Medicaid provider with the WV BMS.
- The applicant is a Licensed Behavioral Health Center in the state of WV

6. Provide the contact information for the applicant's executive director/CEO:

Name:

Phone:

Email:

Alternative Phone or Email:

7. Provide the contact information for the authorized representative for the CCBHC applicant. This person will be responsible for all correspondence with the WV BMS, BBH, and the CCBHC Certification Review Team.



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Name:
Phone: Email:
Alternative Phone or Email:

8. The applicant has an established emergency response plan that meets requirement **AA 6**:
CCBHCs must have adequate COOP/disaster response plans in place, including, but not limited to,
chemical exposure, disease exposure, and natural disasters.
 Yes
Attach a copy of the emergency response plan. Use the following naming convention when attaching
documents for this question: Agency Name_ Section A_Q8_Attachment_#2.

9. The applicant must attest to having a certified Electronic Health Record (EHR) system with the
capacity to time/date stamp the services needed for auditing.
 Yes No

10. The applicant attests that it is able to process and receive the following types of payment:
 Medicaid
 Medicare
 Veteran’s Administration/military insurance programs
 Private insurance
 Sliding fee scale (self-pay) including a zero-payment option for those who are unable to pay
 County/university/other public funding

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Table 1. CCBHC Required Services			
<p>The applicant attests that the applicant has reviewed the WV CCBHC Criteria. The applicant attests to having the current expertise, staffing, and administrative capacity to provide the following required CCBHC services to the following populations (check all of the following boxes as applicable to current applicant capacity):</p>			
Required Service	Adults (19+)	Adolescents (13 – 18)	Children (0 – 12)
<p>1. Crisis mental health services, including 24-hour mobile crisis teams, emergency intervention services, and crisis stabilization</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Note: Crisis Stabilization/Community Psychiatric Supportive Treatment (H0036) may be delivered directly by the CCBHC or through a formal partnership with an agency authorized by BMS to provide these services. If the applicant is partnering for this service, check here: <input type="checkbox"/></p>			
<p>2. Screening, Assessment, and Diagnosis Services</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Developmental Testing (96110, 96112, 96113, 96116), Psychological Testing Evaluation Services (96130, 96131), Neurobehavioral Status Exam (96118), Neuropsychological Testing Evaluation Services (96132, 96133), and Psychological or Neuropsychological Test Administration and Scoring (96136, 96137, 96146) must be delivered directly by the CCBHC or through a DCO contract. All other Screening, Assessment, and Diagnosis services must be delivered directly by the CCBHC. If the applicant is contracting with a DCO to provide one or more of these services, check here: <input type="checkbox"/></p>			
<p>3. Person-Centered and Family-Centered Treatment Planning</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Outpatient Mental Health and Substance Use Services</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Outpatient Primary Care Screening and Monitoring</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. CCBHC Targeted Case Management</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Psychiatric Rehabilitation Services</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Peer Supports, Peer Counseling, and Family/Caregiver Supports</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. Intensive, Community-Based Behavioral Health Services for Members of the Armed Forces and Veterans</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A

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10. ACT Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. CSEDW Services	<input type="checkbox"/> Yes (ages 19 through 20) <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Catchment Area.

Table 2.0 Catchment Area by County <i>Check all counties the applicant intends to serve as a CCBHC</i>			
<input type="checkbox"/> Barbour	<input type="checkbox"/> Berkeley	<input type="checkbox"/> Boone	<input type="checkbox"/> Braxton
<input type="checkbox"/> Brooke	<input type="checkbox"/> Cabell	<input type="checkbox"/> Calhoun	<input type="checkbox"/> Clay
<input type="checkbox"/> Doddridge	<input type="checkbox"/> Fayette	<input type="checkbox"/> Gilmer	<input type="checkbox"/> Grant
<input type="checkbox"/> Greenbrier	<input type="checkbox"/> Hampshire	<input type="checkbox"/> Hancock	<input type="checkbox"/> Hardy
<input type="checkbox"/> Harrison	<input type="checkbox"/> Jackson	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Kanawha
<input type="checkbox"/> Lewis	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Logan	<input type="checkbox"/> Marion
<input type="checkbox"/> Marshall	<input type="checkbox"/> Mason	<input type="checkbox"/> McDowell	<input type="checkbox"/> Mercer
<input type="checkbox"/> Mineral	<input type="checkbox"/> Mingo	<input type="checkbox"/> Monongalia	<input type="checkbox"/> Monroe
<input type="checkbox"/> Morgan	<input type="checkbox"/> Nicholas	<input type="checkbox"/> Ohio	<input type="checkbox"/> Pendleton
<input type="checkbox"/> Pleasants	<input type="checkbox"/> Pocahontas	<input type="checkbox"/> Preston	<input type="checkbox"/> Putnam
<input type="checkbox"/> Raleigh	<input type="checkbox"/> Randolph	<input type="checkbox"/> Ritchie	<input type="checkbox"/> Roane
<input type="checkbox"/> Summers	<input type="checkbox"/> Taylor	<input type="checkbox"/> Tucker	<input type="checkbox"/> Tyler
<input type="checkbox"/> Upshur	<input type="checkbox"/> Wayne	<input type="checkbox"/> Webster	<input type="checkbox"/> Wetzel
<input type="checkbox"/> Wirt	<input type="checkbox"/> Wood	<input type="checkbox"/> Wyoming	

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Section B. Community Needs Assessment

1. The applicant has conducted a Community Needs Assessment that meets the requirements in **SR 1**: CCBHCs must complete a Community Needs Assessment that addresses cultural, linguistic, treatment and staffing needs; the existing resources of the area to be served by the CCBHC; potential service barriers, such as lack of transportation, housing, food, and other potential service barriers. The needs assessment must identify populations particularly affected by health disparities and/or health-related social needs and any applicable workforce shortages. The needs assessment must document how people receiving services, family members, and relevant communities (e.g., diverse cultural/linguistic/religious communities, individuals across age, race, gender and economically diverse populations, service members and veterans) were consulted in a meaningful way, such as people's experiences receiving services, barriers, service gaps, and opportunities for improved access. The Community Needs Assessment must be completed prior to application and submitted as part of the application process. CCBHCs shall also update their Community Needs Assessment prior to applying for re-certification; **and has been completed within the last three years.**

Yes

Please attach a copy of the completed Community Needs Assessment. Use the following naming convention when attaching documents for this question: Agency Name_Section B_Q1_Attachment_#3.

For additional information on DCO contracts and community relationships, the National Council has published "Certified Community Behavioral Health Clinics Community Needs Assessment Toolkit" found here: https://www.thenationalcouncil.org/resources/ccbhc-community-needs-assessment-toolkit/?gad_source=1&gclid=EAlaIQobChMikdeZ2PulhwMV7IFHAR0wKCcWEAAYASAAEgl6qfD_BwE

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Section C. Organizational Chart and Staffing Plan

Attach an organizational chart and staffing plan that meet the West Virginia CCBHC requirements listed below. The staffing plan must include licensing, credentialing, and training criteria for all clinical and direct care positions as applicable. The organizational chart may be broken out into distinct units and/or sections for readability. Use the following naming convention for all attachments in this section: Agency Name_Section C_Org Chart_Attachment_#4.

The West Virginia CCBHC requirements that govern this section are as follows:

- **SS 29** CCBHCs must include a veteran liaison embedded in their organizational chart to help ensure engagement in the veteran communities, organizations, and increase access for veterans in their service area.
- **SR 2** CCBHCs must create and maintain a staffing plan that reflects the findings of the needs assessment. The plan must demonstrate that the staff (both clinical and nonclinical) is appropriate in size and has the composition to meet the clinical, recovery, SDOH, and care coordination needs of the population, while respecting and supporting the diverse community needs and preferences of the CCBHC service area.
- **SR 4** CCBHCs must have a medical director employed directly or by contract. The medical director is required to provide services at least 15 hours per week. The following practitioners may serve as a medical director: psychiatrist; physician with an addiction fellowship; physician working toward board certification in psychiatry or addiction providing the CCBHC documents that the individual is actively working toward and anticipates board certification within a two-year period from the individual's start date; psychiatric nurse practitioner.
Include the Medical Director's CV or qualifications for staffing requirements if an individual has not already been hired. Use the following naming convention: Agency Name_Section C_Medical Director_Last Name_First Name_CV_Attachment_#5.
- **SR 5** CCBHCs must have a management/executive team structure embedded in an organizational chart. The CEO of the CCBHC, or equivalent, maintains a fully staffed management team as appropriate for the size and needs of the clinic, as determined by the current Community Needs Assessment and staffing plan. The management team will include, at a minimum, a CEO or equivalent Project Director and a medical director who meets the requirements of SR4. The medical director need not be a full-time employee of the CCBHC.
- **SR 6** CCBHCs must have a full-time on-site Clinical Director, minimum of master's level or above in an appropriate clinical discipline (e.g., counseling, social work, psychology, psychiatry). The Clinical Director must be employed directly by the CCBHC.
Include the Clinical Director's CV or qualifications for staffing requirements if an individual has not already been hired. Use the following naming convention: Agency Name_Section C_Clinical Director_Last Name_First Name_CV_Attachment_#6.
- **SR 10** CCBHCs must have at least one board-certified psychiatrist or one board-eligible psychiatrist who will prescribe all forms of FDA-approved medications. When allowable under the purview of the provider's license, as appropriate and within their scope of practice, physician extenders may be used to satisfy this requirement.
Include the psychiatrist's CV or qualifications staffing requirements if an individual has not already been hired. Use the following naming convention: Agency Name_Section C_Psychiatrist_Last Name_First Name_CV_Attachment_#7.

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- **SR 11** CCBHC staffing plans must include a physician or a physician extender trained in behavioral health, either employed or available through contract with a DCO, who can prescribe and manage medications independently under state law, including buprenorphine products, naltrexone, and other medications used to treat opioid and/or alcohol use disorders.
- **SR 12** CCBHC staffing plans require a minimum of one staff with at least one of the following credentials:
 - Alcohol and Drug Counselor (ADC)
 - Advanced Alcohol and Drug Counselor (AADC)
 - National Certified Addiction Counselor Level 1 (NCAC 1)
 - National Certified Addiction Counselor Level 2 (NCAC 2)
 - National Clinical Supervision Endorsement (NCSE)
 - Master Addiction Counselor (MAC)

Include CVs, if available. Use the following naming convention: Agency Name_Section C_Role_Last Name_First Name_CV_Attachment_#8.

- **SR 13** CCBHCs must provide nicotine education and cessation by trained staff.
- **SR 15** CCBHC staffing plans must incorporate disciplines that can address the needs identified by the agency needs assessment.
- **SR 16** CCBHC staffing plans require credentialed substance abuse specialists. The CCBHC must ensure that all master's level staff working with the Individuals with primary SUD diagnosis either have or are actively engaged in a certification track for one of the following: ADC, AADC, NCAC 1, NCAC 2, NCSE, or MAC.
- **SR 19** CCBHC training plans must require training, at new staff orientation and annually thereafter, which covers the following topics specific to both children and adults: risk assessment; suicide prevention and suicide response; abuse and neglect reporting, roles of families and peer staff; cultural competence, as well as other communities identified in the agency's Community Needs Assessment, where applicable; provision of care that is person-centered and family-centered, recovery-oriented, evidence-based, and trauma-informed; integration of primary care and behavioral healthcare; and developing and managing a COOP.
- **AA 4** All sites must have access to a physician and or physician extenders. Access is allowable via telehealth.

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Section D: Service Provision

1. Does the applicant currently have a medical director that meets the following requirements per **SR 4**: CCBHCs must have a medical director employed directly or by contract. The medical director is required to provide services at least 15 hours per week. The following practitioners may serve as a medical director: psychiatrist; physician with an addiction fellowship; physician working toward board certification in psychiatry or addiction providing the CCBHC documents that the individual is actively working toward and anticipates board certification within a two-year period from the individual's start date; psychiatric nurse practitioner? Check one:

Yes, the medical director is currently employed with the applicant and meets these criteria.

Name of Medical Director: _____

Yes, the medical director is a currently contracted employee of the applicant and meets these criteria. Name of Medical Director: _____

No

2. Does the applicant provide a minimum of eight hours of service from midnight Friday through midnight Sunday per **AA1**: CCBHC outpatient clinic hours include evening and weekend hours to meet the needs of the population served and to increase access at to be determined times and locations. A minimum of 8 hours of service from midnight Friday through midnight Sunday must be provided. These hours will be designated by each agency and must be approved by BMS. CCBHCs will provide outreach and communication to help ensure the community is aware of increased hours of operation/available services?

Yes No

If yes, provide the posted hours of operation as advertised in public materials, applicant website, etc. Use the following naming convention: Agency Name, Section D_Q2_Attachment_#9.

3. Please list all evidence-based practices (EBPs) that are offered or incorporated by the applicant. Use the following naming convention: Agency Name_Section D_Q3_Attachment_#10.

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Section E. Organizational Authority, Governance, and Accreditation

1. Does the applicant have a governing board or with >51% consumer participation, an advisory board, or other structure that provides meaningful participation in board governance for people with lived experience, pursuant to **OAG 2** of WV CCBHC Criteria: CCBHC governance must be informed by representatives of the individuals served by the CCBHC, considering demographic factors such as geographic area, race, ethnicity, sex, gender identity, disability, age, sexual orientation, and health and behavioral health needs. The CCBHC will facilitate and incorporate meaningful participation from individuals with lived experience of mental health and/or SUD and their families, including youth. This participation is designed to help assure that the perspectives of people receiving services, families, and people with lived experience of mental health and substance use conditions are heard by leadership and incorporated into decision-making processes. “Meaningful participation” is defined as supporting a substantial number of people with lived experience and family members of people receiving services or individuals with lived experience so that they can be involved in developing initiatives; identifying community needs, goals, and objectives; providing input on service development and CQI processes; and budget development and fiscal decision-making.

CCBHCs must reflect such participation by one of two options:

Option 1: At least 51% of the CCBHC governing board is comprised of individuals with lived experience of mental health and/or substance use disorders and families.

Option 2: Other means are established to demonstrate meaningful participation in board governance involving people with lived experience, such as creating an advisory committee that reports directly to the board. The CCBHC provides staff support to the individuals involved in any alternate approach that is equivalent to the support given to the governing board.

Under Option 2, individuals with lived experience of mental and/or substance use disorders and family members of people receiving services must have representation in governance that assures input into:

1. Identifying community needs and goals and objectives of the CCBHC
2. Service development, quality improvement, and the activities of the CCBHC
3. Fiscal and budgetary decisions
4. Governance (human resource planning, leadership recruitment and selection, etc.)

Under Option 2, the governing board must establish protocols for incorporating input from individuals with lived experience and family members. Board meeting summaries must be shared with those participating in the alternative arrangement and recommendations from the alternative arrangement shall be entered into the formal board record; participants in process established under option 2 must be invited to board meetings; and participants must have the opportunity to address the board, share recommendations directly with the board, and have their comments and recommendations recorded in the board minutes directly and regularly. The CCBHC shall provide staff support for posting an annual summary of the recommendations from the alternate arrangement under Option 2 on the CCBHC website.



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The applicant reflects such participation by the following option:

Option 1

Option 2

Attach a description of your board and bylaws. Use the following naming convention for all attachments in this section: Agency Name_Section E__Q1_Attachment_#11.

Neither

2. Is the applicant recognized by an independent accrediting body (e.g., the Joint Commission, Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA) and/or the Accreditation Association for Ambulatory Health Care (AAAHC)?
- Yes, the applicant is recognized by an independent accrediting body. Please specify which program(s) are accredited, along with the name(s) of the accrediting body:
Use the following naming convention for all attachments in this section: Agency Name_Section E__Q2_Attachment_#12.
- No, the applicant is not recognized by an independent accrediting body.



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Section F. Designated Collaborating Organization (DCO) Services

The West Virginia CCBHC model allows CCBHCs to deliver certain required services through DCO contracts, as follows: Developmental Testing, Psychological Testing Evaluation Services, Neurobehavioral Status Exam, Neuropsychological Testing Evaluation Services, and Psychological or Neuropsychological Test Administration and Scoring. All services provided directly by the CCBHC and through DCO contracts are the clinical responsibility of the CCBHC.

Check one of the following:

The applicant has contracts in place with one or more DCOs to deliver services. Please provide the information below for each DCO the CCBHC currently contracts.

Name of DCO:

Service Provided:

Physical Street Address:

City:

State:

ZIP code:

Telephone Number:

Contact Name:

Contact Email:

Attach DCO contract(s). Use the following naming convention for all attachments in this section:
Agency Name_Section F_Attachment_#13.

The applicant will provide all services directly and will not contract with a DCO to provide services.

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DCO Contract

The CCBHC contract DCO contract shall conform with the following CCBHC Criteria:

- **SS 2** All DCO documents must be reviewed annually and updated as needed. The DCO documentation must clearly define roles and responsibilities of both the CCBHC and DCOs/Health and Non-Health partnering agencies.
- **SS 6** CCBHCs services provided by a DCO must meet the same quality standards as those required of the CCBHC. If the DCO no longer meets the quality standards, the CCBHC must terminate the contract and contract with a new DCO or the CCBHC must provide the service directly.
- **CC 7** CCBHCs have contracts with DCOs that specify the data the CCBHC needs to fulfill their reporting obligations, how and with what frequency that data will be securely transmitted from the DCO to the CCBHC, and that appropriate data-sharing agreements and consent from the person receiving services are in place pursuant to HIPAA, 42 CFR Part 2, and other federal and state privacy requirements.
- **CC 10** CCBHCs and DCOs must have formal partnerships with all levels of inpatient psychiatric treatment facilities, SUD residential services, pregnant and parenting women (PPW) SUD residential services, subacute and partial hospitalization programs, unless these services are provided directly by the CCBHC.
- **CC 13** CCBHCs must have formal partnerships with SUD treatment providers that have access to FDA-approved Medication Assisted Treatment (MAT) if this service is not available from the CCBHC.

For additional information on DCO contracts and community relationships, the National Council has published “Certified Community Behavioral Health Clinics Contracting and Community Partnership Toolkit” found here: <https://www.thenationalcouncil.org/resources/ccbhc-contracting-and-partnerships-toolkit-for-ccbhc-expansion-grantees/>.



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Section G. Policies and Procedures

The applicant attests to the following policies and procedures. See Chapter 503 CCBHC Appendix I for Criteria Description beginning in Section 503I.40. For policies/procedures that request an attachment, use the following naming convention: Agency Name_Section G_Policy/Procedure_Attachment #14.

Policy/Procedure	Status
Scope of Services	
<i>General Service Provisions/Scope of Services</i>	
Services include those required in SS 1	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Policy and procedure to ensure people receiving services have access to benefits (SS 3)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Referrals are made to outside providers for specialized SUD services (SS 4)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Policy and procedure to help ensure people are fully informed and have access to the CCBHC grievance procedures (SS 5)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
<i>Crisis Behavioral Health Services</i>	
Crisis Services are available 24 hours, 365 days a year (SS 8)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Access to a Crisis Stabilization Unit (SS 9)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure

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Policy/Procedure	Status
Tracking and reporting of access to crisis services (SS 10)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Description of methods used for providing a continuum of crisis prevention, response, and post intervention services (SS 11)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Intervention and screening for unsafe substance abuse (SS 14)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
<i>Person-Centered and Family-Centered Treatment Planning</i>	
Policies and procedures for consultation for complex cases (SS 15)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Health records document advance directives (SS 16)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Treatment plan procedures (SS 17)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
<i>Outpatient Mental Health and Substance Use Services</i>	
Care coordination and integration (SS 18)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Policies and procedures for risk assessment of new clients (SS 20)	<input type="checkbox"/> Attached Title of attachment: _____

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Policy/Procedure	Status
	<input type="checkbox"/> No policy or procedure
<i>Outpatient Clinic Primary Care Screening and Monitoring</i>	
Policies and procedures for screening and monitoring primary health indicators and risk (SS 21)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Organizational protocols for screening (SS 23)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
<i>Intensive, Community-Based Mental Healthcare for Members of the Armed Forces and Veterans</i>	
Policies and procedures for providing service to service members, veterans, and their families (SS 27)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Cultural competency for staff working with military or veterans (SS 28)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Principal Behavioral Health Provider (SS 30)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Staffing Requirements	
<i>Cultural Competence and Other Training</i>	
Policies and procedures for staff training (SR 17)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Policies and procedures for assessing skills of staff (SR 18)	<input type="checkbox"/> Attached Title of attachment: _____

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CHAPTER 503 AND LICENSED BEHAVIORAL HEALTH CENTERS (LBHCS)

Policy/Procedure	Status
	<input type="checkbox"/> No policy or procedure
Contents of Training Plan (SR 19)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
<i>Linguistic Competence</i>	
Interpretation and Translation Services (SR 20)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
ADA Accommodations (SR 21)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
HIPAA procedures (SR 22)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Availability and Accessibility of Services	
<i>General Requirements of Access and Availability</i>	
Transportation Services (AA 2)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Telehealth (AA 3)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Court-ordered services policy and procedure (AA 5)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure

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CHAPTER 503 AND LICENSED BEHAVIORAL HEALTH CENTERS (LBHCS)

Policy/Procedure	Status
Provision of service following referral from WV DoHS, court system, or Division of Corrections and Rehabilitation (AA 7)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
<i>Timely Access to Services and Initial and Comprehensive Evaluation</i>	
Policies and procedures for providing appointments within 10 business days or one business day for urgent need (AA 8)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Policies and procedures for initial evaluation and comprehensive evaluation (AA 9)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Policies and procedures for the time frame for a Routine Assessment and Evaluation (AA 10)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Policies and procedures to help ensure immediate, clinically directed action, including crisis planning and necessary subsequent follow-up if and when the screening or other evaluation identifies an emergency or crisis need. (AA 11)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
<i>24/7 Access to Crisis Management Services</i>	
Policies and procedures to create/maintain and implement the crisis safety plan (AA 12)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
<i>No Refusal of Services Due to Inability to Pay</i>	

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CHAPTER 503 AND LICENSED BEHAVIORAL HEALTH CENTERS (LBHCS)

Policy/Procedure	Status
Policies and procedures to help ensure provision of services regardless of ability to pay (AA 13)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
<i>Provision of Services Regardless of Residence</i>	
Policies and procedures to help ensure services are not denied due to residence (AA 14)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Care Coordination	
<i>General Requirements of Care Coordination</i>	
Policies and procedures for treatment planning and care coordination policies and procedures (CC 1)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Policies and procedures for care coordination across the spectrum of healthcare services (CC 2)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Policies and procedures for consent documentation (CC 3)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Policies and procedures for privacy and confidentiality (CC4)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Policies and procedures for freedom of choice of providers (CC 5)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
<i>Care Coordination Partnerships</i>	

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CHAPTER 503 AND LICENSED BEHAVIORAL HEALTH CENTERS (LBHCS)

Policy/Procedure	Status
Policies and procedures for coordinating care in keeping with the clients' preferences (CC 8)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Policies and procedures for Formal partnerships with primary care agencies (CC 9)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Policies and procedures for tracking data for people who are admitted and discharged from various programs (CC 11)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Formal partnerships with applicable state crisis and help lines (CC 12)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Formal partnerships with organizations in catchment area (CC 14)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Formal partnerships with residential treatment facilities (CC 15)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Formal partnership with VA facilities (CC 16)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Formal partnerships with inpatient acute- care hospitals and institutions for mental disease (CC 17)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Policies and procedures for addressing coordination of services	<input type="checkbox"/> Attached

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CHAPTER 503 AND LICENSED BEHAVIORAL HEALTH CENTERS (LBHCS)

Policy/Procedure	Status
with local emergency departments (CC 19)	Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Policies and procedures for transitioning services from emergency departments to CCBHC care (CC 20)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Policies and procedures for coordination agreements that require coordination of consent and follow-up after an initial crisis event (CC 21)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Policies and procedures for attempts to contact people discharged (CC 22)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Policies and procedures for tracking transitioning people to community settings (CC 23)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Policies and procedures for partnerships with pharmacies (CC 24)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Policies and procedures for consulting the PDMP (CC 27)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Quality and Other Reporting	
<i>Data Collection, Reporting, and Tracking</i>	
Policies and procedures for reporting (QR 1)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure

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CHAPTER 503 AND LICENSED BEHAVIORAL HEALTH CENTERS (LBHCS)

Policy/Procedure	Status
Policies and procedures for submission of annual cost reporting (QR 4)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Organizational Authority, Governance, and Accreditation	
<i>General Requirements of Organizational Authority and Finances</i>	
Policies and procedures for annual financial audit (OAG 1)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure
Governance	
Policies and procedures for governance (OAG 2)	<input type="checkbox"/> Attached Title of attachment: _____ <input type="checkbox"/> No policy or procedure

Section H. CQI Plan

Attach the applicant’s CQI Plan that meets requirements **QR 6**: CCBHCs must have written CQI plans, with a focus on improving behavioral and physical health outcomes and quality of care, and reducing emergency department use, rehospitalization, and repeated crisis episodes. CQI plans must be reviewed and approved by the WV DoHS Certification Committee upon application for CCBHC certification. CCBHCs are required to update their CQI plans and annually report to BMS. The CCBHC medical director must be involved in the aspects of the CQI Plan that apply to the quality of the medical components of care, including coordination and integration with primary care and **QR 7**: The CCBHC must have a written CQI Plan that addresses priorities for improved quality of care and safety for people receiving services and requires that all improvement activities be evaluated for effectiveness. Specific events are expected to be addressed as part of the CQI Plan, including: 1.) suicide deaths or suicide attempts by the person receiving services; 2.) Fatal and non-fatal overdoses; 3.) all-cause mortality among people receiving services; 4.) 30-day hospital readmissions for psychiatric or substance use reasons for the person receiving services; 5.) quality of care issues, including monitoring for metabolic syndrome, movement disorders, and other medical side effects of psychotropic medications.

Use the following naming convention for all attachments in this section: Agency Name_Section H_Attachment_#.

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CHAPTER 503 AND LICENSED BEHAVIORAL HEALTH CENTERS (LBHCS)

Section I. Signature

Signature Page

[Applicant Name]: _____

Hereby applies to be a fully certified CCBHC by the WV DoHS. I, the undersigned, have read the foregoing status application and attest that the statements contained therein are true and correct. I further attest that (applicant name) _____ is able to comply with the applicable laws, regulations, and certification criteria applicable to WV Certified Community Behavioral Health Clinic as reflected in this application.

With this application, the undersigned authorizes agents of the WV DoHS comprised of staff from BMS, the Bureau for Behavioral Health (BBH), and designee to make inspections of premises; review applicant, personnel, and client records; observe program operations; interview employees and clients about the program(s); and audit the financial records of this applicant to determine compliance with CCBHC standards or to investigate any complaints.

Date: _____ Print Name: _____

Signature: _____

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