



Rhode Island Executive Office of Health and Human Services
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To: CCBHC Applicants

From: Richard Charest, R.Ph., MBA, Secretary

CC: CCBHC Interagency Team

Date: August 21, 2023

Re: CCBHC Certification Update

CCBHC Certification Update

The Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) and the CCBHC Interagency Team first released RI CCBHC Certification Standards on February 1, 2023. CCBHC Applications were due to the State on April 3, 2023.

The CCBHC Interagency Team is providing this update to share a set of decisions that it has made, as of August 21st, and to clarify next steps in the CCBHC certification application process.

We will take any questions on the memo by email to ohhs.ccbhcreadiness@ohhs.ri.gov.

Background: Certification Process

The established certification standards, criteria, and application evaluation process reflect the State's mission and priority to ensure access to high quality services to all Rhode Islanders. Here are the main components of the Rhode Island CCBHC certification process:

- All CCBHC applicants are evaluated based on their demonstrated ability to meet the established certification requirements. This determination is informed by both the contents of each provider's written application for certification and an onsite assessment by the CCBHC Certification Team.
- Applicants will receive one of four designations based on their demonstrated level of readiness to meet all core and minimum CCBHC certification requirements by the anticipated go-live date of February 1, 2024 for Year 1 of the CCBHC program in Rhode Island: 1a) **Not Certified – Application Closed**; 1b) **Not Certified – Application Remains Open**; 2) **Contingently Certified**; OR 3) **Fully Certified**.
- Applicants who are designated 'contingently certified' or 'fully certified' are eligible to execute an MCO contract and to receive the CCBHC PPS rate for as long as they maintain either of these statuses. Please see below for additional details on all of the certification designations.

Additional Details on Certification Designations

1a) Not Certified – Application Closed

Based on information provided through the certification application process, the State has determined the CCBHC applicant to be “Not Certified” because: i) their application received **a score of under 60%**, AND/OR ii) they are **unable** to meet the Minimum CCBHC Certification Requirements to begin services. (*Please see below for the components of the Minimum CCBHC Certification Requirements.)

- All providers in this category are invited to reapply for CCBHC certification. To do so, they will need to submit a new application. Applications will be accepted on a rolling basis; the process for this will be further defined soon.

1b) Not Certified – Application Remains Open

Based on information provided through the certification application process, the State has determined the CCBHC applicant to be “Not Certified” because: i) their application received **a score of 60-84%**, AND/OR ii) they are **unable** to meet the Minimum CCBHC Certification Requirements* to begin services.

- All providers in this category are invited to submit additional application materials towards CCBHC certification. Their application will stay open and valid for another 12 months.
- Providers are encouraged to work to address key deficits identified in initial application review.
- Providers will be able to request a re-evaluation in alignment with the following dates (12/1/2023, 2/1/2024, 4/1/2024, 6/1/2024, 8/1/2024). To do so, they will submit their supplemental materials and potentially complete a second site visit with the State Certification Team to demonstrate progress towards satisfying key deficits identified in the initial application review.
- The State Certification Team will make a determination regarding if the provider has met the requirements to be Contingently or Fully Certified.
- The State will continue to invest in and support each provider to build up their capacity over time via the Infrastructure Grant Program; each grantee **MUST** work with the State provider technical assistance (TA) vendor.

2) Contingently Certified

Based on information provided through the certification application process, the State has determined the CCBHC applicant to be “Contingently Certified” because: i) their application received **a score of 85 - 94%**, AND ii) they are **able** to meet the Minimum CCBHC Certification Requirements* to begin services.

- All providers in this category are eligible to execute an MCO contract and receive the PPS rate.
- The State will meet with the provider to discuss their certification outcome and identified deficits that have to be addressed by 10/31/2023, and any additional requirements that must be met to achieve formal ‘contingent’ certification status.
 - 10/31/2023 is the date by which a final determination must be made to align with the required 90-day window for MCO contract execution with a provider certified by the State. All MCO contracts must be executed before the anticipated CCBHC program start date of 2/1/2024.
- The State will prioritize work with Contingently Certified providers to:
 - Finalize their cost report and staffing plan.

- Support the establishment of necessary DCO partnerships and required care coordination agreements.
- Support execution of a MCO contract.
- Once Contingently Certified, providers must work to meet additional requirements for Full Certification. Providers will be reevaluated in up to two potential 6-month intervals. The reevaluation will require the submission of additional documents to State Certification Team for review and a potential second site visit. The potential outcomes of the first round of reevaluation are: 1) Fully Certified; or 2) maintenance of Contingent Certification status. The potential outcomes of the second round of reevaluation are: 1) Fully Certified; or 2) Not Certified.
- The State will continue to invest in and support each provider to build up their capacity over time via the Infrastructure Grant Program; each grantee MUST work with the State provider technical assistance (TA) vendor.

3) Fully Certified

Based on information provided through the certification application process, the State has determined the CCBHC applicant to be “Certified” because: i) their application received **a score of 95 - 100%**, AND ii) they are **able** to meet the Minimum CCBHC Certification Requirements* **AND** the remaining certification requirements that are laid out in the [RI CCBHC Certification Standards](#) to ensure full compliance with the CCBHC model.

- Providers in this category are eligible to execute an MCO contract and receive the PPS rate.
- Certification status is active for two years, contingent on continued demonstration of ability to meet the State’s certification requirements and quality standards.

*Minimum CCBHC Certification Requirements

The ‘Minimum CCBHC Certification Requirements’ list represents a subset of the [RI CCBHC Certification Standards](#). Providers must meet these specific criteria at minimum to demonstrate readiness to deliver quality CCBHC services by the slated program start date of 2/1/2024.

Minimum Certification Criteria
<p>1. Provide all nine core federally required CCBHC services PLUS the two State required CCBHC services: (4.a.1)</p> <p>Federally required CCBHC services:</p> <ul style="list-style-type: none"> ● Crisis Response ● Screening, Evaluation and Diagnosis ● Person-Centered and Family-Centered Treatment Planning ● Outpatient Mental Health and Substance Use Disorder Services ● Primary Care Screening and Monitoring ● Peer and Family Support ● Psychiatric Rehabilitation ● Targeted Case Management ● Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans

<p>RI required CCBHC services:</p> <ul style="list-style-type: none"> • Screening for Hepatitis A, B, and C, and HIV • Assertive Community Treatment (ACT)
<p>2. The CCBHC will be required to provide these services in a manner that is appropriate for the population of their service area, for people with illnesses of every severity including people with serious emotional disturbance (SED), serious mental illness (SMI) and significant substance use disorders (SUD), and to all Rhode Islanders regardless their age, race, ethnicity, disability, sexual orientation, gender expression, developmental ability, correctional system involvement, housing status, or ability to pay. (4.f.1)</p>
<p>3. CCBHCs are to specifically address the behavioral health and related needs of the SAMHSA populations of focus: (1.a.1)</p> <ul style="list-style-type: none"> • Adults with Serious Mental Illness (SPMI, SMI) • Children and Youth with Severe Emotional Disorders (SED) • Individuals with Substance Use Disorder (SUD) <p>And provide a plan to address the needs of the following priority consumer populations:</p> <ul style="list-style-type: none"> • BIPOC (Black, Indigenous, and People of Color) • People with co-occurring Behavioral Health and Intellectual/Developmental Disabilities (BH/IDD) • Members of the LGBTQ+ Community • People who are justice-involved • Older adults • People who are unhoused • Transition age youth • Members of under-resourced communities (high poverty, low-income areas) and • Other culturally diverse groups, if any
<p>4. Capacity to comply with the following requirement: “Whether directly supplied by the CCBHC or by a DCO, the CCBHC is ultimately clinically responsible for all care provided.</p> <ul style="list-style-type: none"> • The decision as to the scope of services to be provided directly by the CCBHC, as determined by the state and clinics as part of certification, reflects the CCBHC’s responsibility and accountability for the clinical care of the consumers. • Despite this flexibility, it is expected CCBHCs will be designed so most services are provided by the CCBHC rather than by DCOs, as this will enhance the ability of the CCBHC to coordinate services.” (4.a.1)
<p>5. The CCBHC’s behavioral health services and staffing are appropriate to meeting the needs of the following populations: (1.a.2):</p> <ul style="list-style-type: none"> • Adults with severe, persistent mental illness and serious mental illness • Children and adolescents with serious emotional disorders • Children, adolescents, and adults with severe substance abuse disorders • Members of the Armed Forces and Veterans • General outpatient population
<p>6. Directly provide ASAM level 1 Withdrawal Management (4.c.1)</p>
<p>7. Directly provide 24/7/365 Emergency Service Hotline (4.c.1)</p>
<p>8. Directly or through a DCO provide Mobile Crisis to children and adults 24/7/365 (4.c.1)</p>
<p>9. Be fully licensed as a BHO by BHDDH (6.c.1)</p>
<p>10. Be accredited by, or in the process of getting accredited by CARF, COA, or Joint Commission (6.c.2)</p>

11. The CCBHC has the capacity to collect, report, and track encounter, outcome, and quality data, including but not limited to data capturing: (1) consumer characteristics; (2) staffing; (3) access to services; (4) use of services; (5) screening, prevention, and treatment; (6) care coordination; (7) other processes of care; (8) costs; and (9) consumer outcomes (5.a.1)
12. The CCBHC establishes or maintains a health information technology (IT) system that includes, but is not limited to, electronic health records. The health IT system has the capability to capture structured information in consumer records (including demographic information, diagnoses, and medication lists), provide clinical decision support, and electronically transmit prescriptions to the pharmacy. (3.b.1)
13. Have a sufficient number of staff trained in EBPs as determined by BHDDH (4.f.2, Addendum 6)
14. Have fully executed DCO agreements in compliance with standards by 10/31/2023 to demonstrate ability to provide all required services
15. Have fully executed Care Coordination Agreements by 10/31/2023
16. Have facility status or fully executed DCO agreement (fully staffed) for court ordered individuals (2.a.7)
17. Have provided verification of establishment of Community/Consumer Advisory Councils by 2/1/2024 (6.b.1, Addendum 10)
18. Outpatient clinical services for established CCBHC consumers seeking an appointment for routine needs must be provided within 10 business days of the requested date for service. If an established consumer presents with an emergency/crisis need, appropriate action is taken immediately, including any necessary subsequent outpatient follow-up. If an established consumer presents with an urgent need, clinical services are provided within one business day of the time the request is made. (2.b.3) Provider must have adequate plans to address any current waitlists.
19. Management team includes a psychiatrist as Medical Director (if unable to hire psychiatrist must have provisions for psychiatric consultant) (1.a.3)
20. Show sliding fee scale on website, in waiting room and readily accessible, communicated in multiple languages (1.d.4, 2.d.2)
21. Have fully developed CQI plan approved by BHDDH by 2/1/2024 (5.b.1)
22. Have fully developed Emergency/Disaster Plan approved by BHDDH by 2/1/2024 (2.a.8)
23. Have fully developed CLAS Plan approved by BHDDH by 2/1/2024 (1.c.1)