

Overview of Substantive Updates to the RI CCBHC Certification Standards
05/10/2024

The State is releasing an updated set of RI CCBHC Certification Standards which reflect new federal and State program requirements that must be implemented by July 1, 2024. Below is an overview of the substantive updates that have been made, relative to the original set of Certification Standards released February 1, 2023.

General Updates

1. The RI CCBHC Certification Standards document has been reformatted. The Standards table includes three columns. **Column 1** remains the same; it states the updated federal SAMHSA Criteria verbatim. **Column 2** states the Rhode Island criteria. **Column 3** lists the documentation that providers must provide to meet each standard, requirement, and guidance, as well as the associated citations relevant to meeting each standard.
2. We have eliminated “contingent certification” as a Certification outcome in alignment with federal certification definitions. As of July 1, 2024, an applicant can only be granted “Certified” or “Non-Certified” status.
3. We have updated the addenda to reference updated staffing requirements, service requirements, and federal criteria.
4. We have added flexibility to DCO licensing requirements.
5. We have updated Policy and Procedure requirements throughout the standards to align with updated federal standards.

Substantive Standard Specific Updates

Standard	Change
1.a.1	Added under “Requirements and Guidance” The CCBHC shall utilize community needs assessment data to inform their staffing pattern.
1.a.3	Added under “RI Criteria” The medical/clinical director or chief medical officer, regardless of place of residence, shall maintain a physical presence at the CCBHC location(s) to ensure the quality of the medical/behavioral component of care. A request to fill the Medical Director position with personnel other than a psychiatrist must be submitted to and approved by the Interagency Review Team.
1.b.2	Added under “Documentation Recommendations” The applicant will provide documentation of a care coordination agreement with an OTP.
3.a.1	Added under “RI Criteria” CCBHCs are required to work with the Continuum of Care Collaborative applicants to take referrals from the housing program(s) for eligible participants needing Home Stabilization services in their catchment area.

Standard	Change
3.b.5	<p style="text-align: center;">Added under “Documentation Recommendations”</p> <p>The applicant provides a plan to improve care coordination between the CCBHC and all DCOs within two years utilizing health information technology to streamline and support integrated evaluation planning, treatment and care coordination as further detailed in 3.b.5.</p>
3.c.1	<p style="text-align: center;">Added under “RI Criteria”</p> <p>CCBHC’s inquire whether the consumer has a Primary Care Provider (PCP), assist individuals who do not have a PCP to acquire one, and establish policies and procedures that promote and describe the coordination of care with each individual’s PCP.</p>
3.c.2	<p style="text-align: center;">Added under “Documentation Recommendations”</p> <p>The applicant provides documentation of partnerships with programs that provide inpatient psychiatric treatment, ambulatory and medical detoxification, post-detoxification step-down services, residential programs, OTP services, medical withdrawal management facilities and tribal operated mental health and substance use services, to promote care coordination, including 988 and BH LINK.</p>
3.c.3	<p style="text-align: center;">Added under “RI Criteria”</p> <p>List of updated required Care Coordination Agreements</p>
3.c.5	<p style="text-align: center;">Added under “Requirements and Guidance”</p> <p>The CCBHC establishes collaborative working relationships, and prior to certification seeks partnerships, to promote care coordination with inpatient acute-care hospitals, including emergency departments, hospital outpatient clinics, urgent care centers, residential crisis settings, in the area served by the CCBHC. CCBHC’s should utilize peer recovery specialists/coaches to help individuals transition from these facilities to community care.</p>
4.a.1	<p style="text-align: center;">Added under “RI Criteria”</p> <p>The following service enhancements will also be required in Rhode Island:</p> <ul style="list-style-type: none"> • Assertive Community Treatment (ACT) • Integrated Community Treatment Team (ICTT) • Coordinated Specialty Care (CSC – also referred to as Healthy Transitions)
4.b.1	<p style="text-align: center;">Added under “Documentation Recommendations”</p> <p>The applicant’s contracts with DCOs include all the elements required to comply with the SAMHSA certification criteria, including shared decision-making approach for engagement.</p>
4.c.1	<p style="text-align: center;">Added under “RI Criteria”</p> <p>The CCBHC shall provide:</p> <ul style="list-style-type: none"> • 24-hour staffed hotline • 24-hour mobile crisis teams • 2 – person mobile crisis response • Qualified Mental Health Professionals (QMHPs) to provide clinic-based and mobile crisis intervention services.

Standard	Change
	<p>Children’s mobile crisis services must meet DCYF emergency services certification requirements.</p> <p style="text-align: center;">Added under “Documentation Recommendations”</p> <p>The applicant is certified under the DCYF Regulation (214-RICR-40-00) and provides an attestation that DCOs providing emergency or mobile crisis services to children and youth will also meet this regulatory requirement.</p> <p>The applicant provides updated attestations to meet requirements of the standard including: Mobile crisis response time, provision of ASAM level 1 and 2 W.M, referral relationships for ASAM 3.2 and 3.7 , telehealth capacity for crisis services, participating in air traffic control and GPS located crisis teams when available, crisis response includes access to naloxone, and documentation of compliance with 2- person mobile crisis response.</p>
4.d.3	<p style="text-align: center;">Added under “Documentation Recommendations”</p> <p>The applicant provides an attestation that during initial evaluations a determination is made regarding whether the individual presently is, or ever has been a member of the U.S. Armed Forces; For children and youth, whether they have system involvement (such as child welfare and juvenile justice), and this information is regularly reported to BHOLD and included in the individual’s electronic health record.</p>
4.d.4	<p style="text-align: center;">Added under “Requirements and Guidance”</p> <p>The Comprehensive evaluation shall be completed within 60 days of the first request for services. The applicant shall track monitor and report time to: Initial Evaluation, Initial Clinical Services, Crisis Services. See ADDENDUM 8.</p>
4.f.1	<p style="text-align: center;">Added under “RI Criteria” Updated list of Required EBP’s Added under “Requirements and Guidance”</p> <p>DCYF will review and approve any additional children’s services EBPs that a CCBHC wants to implement.</p>
4.f.2	<p style="text-align: center;">Added under “Documentation Recommendations”</p> <p>The applicant provides their plan and timetable for implementing measurement-based care.</p>
4.g.1	<p style="text-align: center;">Added under “RI Criteria”</p> <p>Rhode Island enhanced screening requirements include:</p> <ol style="list-style-type: none"> 1. BMI 2. Blood Pressure 3. Tobacco Use <p style="text-align: center;">Added under “Documentation Recommendations”</p> <p>The applicant provides an attestation that it is responsible for outpatient primary care screening and monitoring of key health indicators and health risk as described in 4.g.1 “Explanation/Interpretation.”</p>

Standard	Change
	The applicant provides document listing the medical director established protocols for HIV and Viral Hepatitis; primary care quality measures; and other clinically indicated primary care key health measures and key health indicators for the service area informed by the needs assessment.
4.g.2	Added under "Documentation Recommendations" The applicant provides evidence of a formal agreement indicating the CCBHCs ability to collect biologic samples directly, through a DCO, or through protocols with an independent clinical lab.
4.g.3	Added under "Documentation Recommendations" The applicant will provide copies of policy and protocols pertaining to six required monitoring activities listed in standard 4.g.3. The applicant provides an attestation that is has the capacity to capture data, report and monitor each of the six required activities
4.h.1	Added under "Documentation Recommendations" The applicant will provide a description of how it will provide case management services based upon their need to all CCBHC individuals who receive services and the process used to identify consumers eligible for targeted case management. The applicant will provide a description of the targeted case management protocols specifically for people at high risk for suicide and/or overdose, as well as those transitioning from higher levels of care.
4.i.1	Added under "RI Criteria" If RI is selected to participate in the SAMHSA CCBHC Demonstration, then psychiatric rehabilitation services will need to include supported employment programs designed to provide those receiving services with ongoing support to obtain and maintain competitive, integrated employment (e.g., evidence-based supported employment like IPS, customized employment programs, or employment supports run in coordination with Vocational Rehabilitation or Career One-Stop services). If the RI CCBHC program is instead authorized in the RI Medicaid State Plan, then psychiatric rehabilitation services must include services to assist individuals to manage the disabling symptoms of mental illness in workplace settings, develop strategies to resolve issues in such settings, and restore and maintain functional skills necessary to maintain employment goals.
4.j.1	Added under "RI Criteria" Rhode Island Requires each CCBHC to be Certified to provide Peer Based Recovery Support Services (PRBSS)
4.k.1	Added under "Requirements and Guidance" CCBHCs must ask all individuals inquiring about services if they have ever served in the U.S. military.
5.b.1	Added under "Documentation Recommendations" The applicant provides an attestation the CQI plan includes CCBHC specific activities and data as per listed in section 5.b.1 in the criteria.
5.b.2	Added under "Documentation Recommendations" The CQI plan must address: a. deaths by suicide or suicide attempts of people receiving service. b. fatal and non-fatal overdoses

Standard	Change
	<ul style="list-style-type: none"> c. all-cause mortality among people receiving CCBHC services. d. 30-day hospital readmissions for psychiatric or substance use reasons e. abuse of person receiving services by CCBHC or abuse of staff by CCBHC person receiving services urgent appointments not scheduled within 24 hours
5.b.3	<p style="text-align: center;">Added under "Requirements and Guidance"</p> <p>The CQI plan must use quantitative and qualitative data (including quality data measures) and focus on populations experiencing health disparities as further detailed in 5. b.3.</p>
6.b.1	<p style="text-align: center;">Added under "RI Criteria"</p> <p>CCBHCs shall adopt one of the following approaches to securing meaningful participation in the CCBHCs policies, processes and services by individuals and families receiving services from CCBHCs:</p> <p>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. This governing board can function as the Advisory Council as described in Addendum 9</p> <p>Option 2: Advisory Council that reports to the board, as described in Addendum 9.</p>
6.c.1	<p style="text-align: center;">Added under "RI Criteria"</p> <p>EOHHS will determine recertification timeline in compliance with SAMSHA standards that recertification occurs no more than every three years.</p>