

RI CCBHC Certification Standards: Overview of Substantive Changes from Year 1 to Year 2 Last Updated: January 28, 2025

Overview

The State has issued an updated set of RI CCBHC Certification Standards for Demonstration Year 2 (effective October 1, 2025 – September 30, 2026). This document provides an overview of the substantive updates that have been made, relative to the Certification Standards for Demonstration Year 1 published on May 10, 2024.

Note, the Interagency Team is also currently preparing the following supplemental guidance documents for publication ASAP –

New resources:

- Guidance on Certification Documentation Requirements
- CCBHC Best Practices
- RI MRSS Program Guide

Updated versions of the following existing resources:

- RI CCBHC Provider Manual
- RI CCBHC Billing Manual
- RI CCBHC Quality Manual
- RI CCBHC MCO Operations Manual

RI CCBHC Certification Standards – General Updates

1. The RI CCBHC Certification Standards document has been reformatted. The Standards table now includes two columns.
 - **Column 1** remains the same; it states the federal SAMHSA Criteria verbatim.
 - **Column 2** states the updated Rhode Island criteria.
 - **Column 3** has been removed from this document. Key requirements previously included in **Column 3** have been moved to **Column 2**. Suggested documentation previously included in **Column 3** will be included in a separate forthcoming '**Guidance on Certification Documentation Requirements**' resource for providers.
2. We have removed references to Demonstration Year 1 specific criteria which are no longer applicable in Demonstration Year 2 (e.g., use of OHIO Assessment for High Acuity Children).
3. We have made minor language and formatting edits throughout for clarity and to align with the current CCBHC program.

RI CCBHC Certification Standards – Substantive Criteria Updates

Standard	Update
1.b.1	CCBHC Licensing: Addition of requirement for all CCBHC to secure a CCBHC License from BHDDH and a CBHO License from DCYF once they are available.
1.b.1	'Recovery Friendly Workplace' Designation: Addition of requirement for all CCBHC to become RFWs. Training is provided by BHDDH at no cost for organizations.
1.b.1	DCO Licensing: Addition of clarification that all DCOs must be licensed, certified, and/or credentialed to provide a Medicaid reimbursable service.
1.b.2	Substance Use Disorder Treatment Subject Matter Expert: Addition of requirement for all CCBHC to have a designated SUD SME to oversee and advise on SUD services, to ensure SUD and Mental Health service parity.
1.c.1	Naloxone Training: Addition of requirement for all CCBHC staff to complete Community First Responder Naloxone Training. Training is provided by URI online at no cost to organizations and takes 10 minutes.
1.c.1	DCO Staff Training: Addition of clarification that all DCO staff who have contact with CCBHC clients and/or their families are subject to the same training requirements as the CCBHC staff for the service they are providing.
2.a.2	Open Access: Expansion of open access hour requirements.
2.a.6	Outreach: Addition of clarification of documentation requirements for CCBHC staff outreach and engagement activities.
2.a.7	Designated Facility: Addition of requirement for all CCBHCs to secure a "Facility Status" designation from BHDDH to enable the acceptance of, and provision of services to involuntary clients who are subject to Civil Court Certification orders. A DCO arrangement with a behavioral health provider that can meet this specific level of care requirement is no longer sufficient.
2.c.1	Court Diversions: Addition of requirement for all CCBHCs with a courthouse in their catchment area to provide a Qualified Mental Health Professional (QMHP) assessment onsite within 1 hour of request from the Court. There will no longer be Block Grant funded, fully embedded clinicians in the Courts.
3.a.7	SSI/SSDI Outreach, Access, and Recovery (SOAR): Addition of requirement for all CCBHCs to have SOAR-trained staff or to execute a Care Coordination Agreement with an agency with SOAR-trained staff.
3.c.3	Care Coordination Agreements: Addition of requirement for care coordination agreements with catchment area court, Home Stabilization Service provider, Eleanor Slater Hospital, Rhode Island State Psychiatric Hospital, Providers specialized in support and services for adults and children with I/DD, and agency with SOAR-trained individuals (unless CCBHC has such a resource in-house).
4.d.5	Behavioral Health Related Screenings: Addition of requirement for all CCBHCs to provide Traumatic Brain Injury (TBI) screening using the OBISSS+ tool.
4.g.1	Primary Care Screenings: Removal of BMI and blood pressure screening requirements.
4.k.3	Veterans' Services and Supports: Addition of requirement for all CCBHCs to have an identified Veteran's Coordinator role who is trained as a Veterans Service Officer by NACVSO (the National Association of County Veterans Services Officers).
5.a.1	Data Collection and Reporting:

	<ul style="list-style-type: none"> • Addition of requirement for all CCBHCs to submit an updated and complete monthly staffing workbook to the State. • Addition of requirement for all CCBHCs to participate in the statewide Health Information Exchange (HIE) to support data sharing, care coordination, and quality reporting. interfaces to contribute data and the client consent processes to enable this exchange in Demonstration Year 2, and fully participate in the HIE in Demonstration Year 3.
Addendum 3	DCO Checklist Requirements: Addition of requirement for all CCBHCs to: “provide an attestation acknowledging and affirming responsibility for oversight and accountability of all services delivered by all contracted DCOs.”
Addendum 4	Qualified Medicaid Providers: <ul style="list-style-type: none"> • Addition of Case Managers to list of qualified Medicaid providers for Outpatient Mental Health and Substance Use Services, Targeted Case Management, and ACT. • Addition of clarification of qualified Medicaid providers for High Acuity Children’s services.
Addendum 5	High Acuity Children's Assessment Requirements: <ul style="list-style-type: none"> • NOTE: Providers are required to transition from use of the OHIO Scales in Demonstration Year 1 to the CANS Assessment in Demonstration Year 2 for High Acuity children (as stated in the Year 1 Certification Standards). • Addition of clarification providers may use the ‘CANS Level of Need (LON)’ version of the assessment to determine the child’s eligibility for high acuity services, but must complete the full CANS assessment with the child within 30 days. • Addition of clarification of evaluation process for high acuity youth ages 0-4 years (i.e., need for submission of a High Acuity Child Exception Request Form until the 0-4 CANS Assessment is available).
Addendum 5	High Acuity Children's Eligibility Criteria: Addition of clarification of eligibility criteria for children with Autism Spectrum Disorder (i.e., they must have a secondary behavioral health diagnosis).
Addendum 6	Evidence Based Practices: <ul style="list-style-type: none"> • Removal of Integrated Dual Diagnosis Treatment (IDDT) and Coordinated Specialty Care (CSC) – a specific practice within the Healthy Transitions program – from the required EBPs list. • Addition of clarification of specific tools to be used for fidelity monitoring. • Extension of implementation timeline for Zero Suicide (i.e. initiation of training efforts required in DY3 instead of DY2). • The State has removed set thresholds for the percentage of CCBHC staff who must be fully trained in each EBP by Demonstration Year, acknowledging that it is not clinically necessary for all staff to receive these trainings, just those providing relevant services and supports. • NOTE: State funds have been identified to support providers’ Seven Challenges training. Additional information is forthcoming.
Addendum 7	High Acuity Adults – ACT Program Requirements: <ul style="list-style-type: none"> • Recategorization of ACT services as follows: <ul style="list-style-type: none"> ○ ACT to ACT – I (high intensity) ○ IHH/ICCT to ACT – II (lower intensity) ○ Healthy Transitions to ACT – YA (young adult)

	<ul style="list-style-type: none"> • Addition of clarification that clinical discretion may be applied to determine whether an individual with a DLA score of 4 or less should be assigned to an ACT – I (high intensity) or ACT – II (lower intensity) Team based on their presenting needs. • Addition of updates to required staffing ratios and minimum contact requirements for each ACT program.
Addendum 7	<p>High Acuity Children and Youth Program Requirements:</p> <ul style="list-style-type: none"> • Addition of clarification of staffing, caseload ratio, and service component requirements. • Addition of clarification of language and requirements for ‘family and youth partners’ in alignment with the SAMHSA CCBHC criteria.
Previous Addendum 8	<p>Quality Measures: The previously issued quality measure guidance has been moved to the RI CCBHC Quality Manual.</p>