



Community Behavioral Health Centers (CBHC) Performance Specification

Providers contracted for this level of care or service are expected to comply with all the requirements of these service-specific performance specifications. Additionally, providers contracted for this service and all contracted services are held accountable to the corresponding performance specifications for those specific services, as well as the General performance specifications. The requirements outlined within these service-specific performance specifications take precedence over those in the general performance specifications.

Community Behavioral Health Centers (CBHC) are comprehensive community behavioral health providers that offer substance use disorder and mental health services, care coordination, peer support, and screening and coordination with primary care. A CBHC provider (the provider) is required to provide behavioral health urgent care services, including access to same-day or next-day services, and expanded hours with evening and weekend services.

The core outpatient and urgent services provided by the CBHC will be paid as a bundled flat rate per encounter. An encounter is only billable when a covered clinical service is provided and may only be billed once per Member per day. There is one rate for Members 21 and over. Refer to the Community Behavioral Health Centers Payment Policy [HERE](#) for more details.

CBHCs must provide Adult Community-Based Mobile Crisis Intervention (AMCI) services for adult Members. AMCI must be co-located at the CBHC site. CBHCs must also provide Adult Community Crisis Stabilization (Adult CCS) services. If the CBHC does not itself provide ACCS, it must have formal agreements with a CBHC in its region that is providing ACCS services.

A CBHC shall be a legal entity with the capacity to contract and meet all provider enrollment qualifications. Multiple providers may partner to form a CBHC, or the CBHC may subcontract to other providers for the delivery of required services. However, the CBHC as the primary entity shall be solely accountable for ensuring all adult, AMCI, and Adult CCS services are delivered in compliance with these specifications and all other applicable laws, regulations, and standards.

The CBHC must be located within Massachusetts and be licensed by the Massachusetts Department of Public Health (DPH) clinic with a mental health service designation and a substance use disorder service designation, or a DPH-licensed hospital or hospital satellite that provides outpatient mental health and substance use disorder services and be a Medicare-participating provider. The CBHC must either (1) be licensed by the DPH Bureau of Substance Addiction Services (BSAS) or (2) have a substance use disorder service designation on their DPH clinic license and a BSAS Certificate of Approval or be a DPH-licensed hospital that provides substance use disorder services. The CBHC must have a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver and the appropriate state and federal controlled substance registrations. The CBHC adheres to all requirements set forth in 130 CMR 448 Community Behavioral Health Center Manual.

The following sections describe the services and requirements necessary for a CBHC to bill and be paid the CBHC encounter bundles for CCA Members.

COMPONENTS OF SERVICES:

- The CBHC must offer a full range of services and interventions for mental health, substance use disorder, and co-occurring disorders, including clinically informed screenings, assessments, and evidence-based treatments. Services must be made available at as many CBHC sites as is necessary to meet demand and to ensure access in accordance with the required access standards described below. When clinically advisable, the CBHC shall transition Members out of care at the CBHC and into care with a primary care provider or specialty care provider for ongoing medication management with the appropriate supports. The CBHC must coordinate with CCA, when appropriate.
- The CBHC allows members to access services via multiple referral sources including, but not limited to self-referral, the Behavioral Health Helpline, the health plan, family members/guardians, individual practitioners, PCPs, or community agencies or hospital emergency departments.
- The CBHC utilizes, as necessary, the statewide Massachusetts Behavioral Health Access website or other required tracking method, as specified by MassHealth.
- The CBHC ensures that, upon request of a court clinician conducting a psychiatric evaluation, the CBHC provides a crisis assessment to the Enrollee, identifies to the court clinician appropriate diversions from inpatient hospitalization and assists the court clinician to develop any plan to utilize such diversions. If the court orders the admission of an individual and the CBHC determines that such an admission is medically necessary, the CBHC conducts the search for an available bed, making best efforts to locate such a bed for the individual by 4:00 p.m. on the day of the issuance of a commitment order.
- The following services must be delivered by the CBHC and are included in the payment bundle:
 - **Triage services** at initial contact with the Member or referral source to determine appropriate appointment.
 - **Same-day access (within 24 hours of initial contact)** to an intake and brief assessment for any new or existing Member contacting the organization for non-crisis services during business hours.
 - Includes same-day evaluation for initiation and bridging with Medications for the treatment of Opioid Use Disorder (MOUD) and access to medication no later than 24 hours after evaluation.
 - Includes timely referral to non CBHC -provided services such as partial hospital program (PHP) or medical services, etc.
 - **Urgent appointment access (within 48 hours of initial contact)** to a comprehensive diagnostic assessment and urgent outpatient crisis counseling/psychotherapy, group therapy, and peer/support services. Urgency is determined at time of same day intake and triage and is additionally defined by the Member's statement of urgency.
 - **Urgent psychopharmacology access (within 72 hours of initial contact)** to urgent psychopharmacology appointments within 72 hours of the initial diagnostic evaluation

- and based on both assessment and Member's statement of urgency.
- **Non-urgent (routine) and follow-up appointment access (within 14 calendar days of initial contact)** to the initial encounter, or sooner as clinically indicated, along with referral with a warm hand-off to specialty providers if needed (e.g., partial hospital programs, medical providers).
 - **Assessment** includes history of treatment episodes and efficacy of prior treatment. This must include identification of current appropriate level of care needs and the use of standardized screening tools, such as Patient Health Questionnaire-9, Generalized Anxiety Disorder, and Drug Abuse Screening Test, among others. Assessment must also include history of overdose and risk of overdose.
 - Pharmacotherapy with basic evidence-based medical monitoring and medication reconciliation.
 - *Note: Storage and administration of medications should be limited to the scope of the CBHC's DPH licensure and DEA registration if applicable.*
 - **Individual and family therapy services** including the following treatment modalities:
 - Required to offer in-house for all Members:
 - Solution-focused crisis counseling
 - Motivational interviewing
 - Dialectical Behavior Therapy (DBT) - skills portion
 - Cognitive Behavioral Therapy (CBT) for Depression, including Behavioral Activation
 - CBT for Anxiety, including Acceptance and Commitment Therapy
 - Required to offer in-house for all adult Members:
 - Relapse Prevention for Substance Use Disorders
 - **Specialty Services:** the CBHC must provide access to the following specialty services. If it does not have the capability, the CBHC must have a formal partnership with an entity that can deliver these services.
 - For all Members:
 - Evidence-based practices for family therapy, such as Structural Family Therapy and Functional Family Therapy
 - For all adult Members:
 - Evidence-based practices for Post-Traumatic Stress Disorder, including Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), or Eye Movement Desensitization and Reprocessing (EMDR)
 - CBT for Psychotic disorder, including First Episode Psychosis treatment such as NAVIGATE
 - **Group therapy services:**
 - For adult Members group therapy services may include psychoeducation groups, groups focused on substance use disorder, evidence-based group interventions, and group support services.
 - **Prescribing and medication administration:**
 - General psycho-pharmacotherapy prescribing
 - Buprenorphine, including for same-day induction, bridging, and maintenance for Members 16 and older, and treatment referral services for follow-up treatment
 - Oral Naltrexone and other MAT for the treatment of alcohol use disorders

- complete blood count, liver function, and Hepatitis B
 - Hepatitis C
 - Pregnancy testing
- **Providing support for Members with Autism Spectrum Disorder and/or Intellectual and Developmental Disabilities (ASD/IDD)**, including partnerships with specialty providers to enable rapid specialty consults for providers treating Members with co-occurring ASD/IDD.
- **Coordination with primary care:** The CBHC must coordinate with the Member's primary care provider (PCP) and any specialty medical provider to ensure a team-based approach to jointly address the Member's behavioral and medical needs. The initial integrated care coordination outreach must occur within 72 hours of assessment for new Members, evidenced by documentation in the Member's medical record. Ongoing communication must be documented in the medical record at minimum every six months and/or upon new information such as medication changes or treatment plan updates.

The following services must be delivered by the CBHC but are not billable through the CBHC encounter bundle, although some services may be billed separately:

- For Members, peer and other recovery supports, including:
 - Certified peer specialists, recovery coaches, recovery support navigators, and family support services
 - Community Support Program (CSP) services
 - Services by other peers and recovery supports as appropriate to meet the Member's needs

ACCESS TO SERVICES:

The CBHC must offer open access to assessment and treatment services for any individual seeking treatment for mental health, substance use disorders, or co-occurring disorders, as clinically appropriate and necessary. The CBHC must meet the following access requirements:

Hours:

- CBHCs must be open:
 - Monday- Friday: 8:00am-8:00pm
 - Saturday and Sunday: 9:00am-5:00pm

Same day access:

Any new or existing Member contacting the organization, in person or by phone, during business hours must be given the opportunity to meet with qualified staff to complete an intake and brief assessment and to receive behavioral health urgent care services as clinically appropriate and/or necessary within 24 hours. This includes same-day evaluation for initiation and bridging with MOUD and access to medication no later than 24 hours after evaluation. This also includes timely referral to non CBHC-provided services such as partial hospitalization program or medical services, etc.

Urgent Appointment Access (defined by the initial intake and Member's statement of urgency):

- The following must be available within 48 hours:
 - Comprehensive diagnostic assessment
 - Urgent outpatient crisis counseling/psychotherapy
 - Group therapy
 - Peer support services

Urgent Psychopharmacology Access:

Assessment and treatment by a medication provider (e.g., pharmacotherapy, medication consultation) must be completed within 72 hours of the initial diagnostic evaluation and based on both assessment and Member's statement of urgency.

Telehealth Service Delivery: The CBHC must have the capacity to provide core services via telehealth and meet Executive Office of Health and Human Services requirements governing telehealth services. Services provided via telehealth must meet the cultural and linguistic needs of Members and be provided in agreement and/or at the request of the individual and not at the sole discretion of the CBHC.

- Arrangements to secure culturally and linguistically appropriate services must be documented and include when such services will be available.

Flexible place of service delivery: The CBHC must have the capacity and willingness to provide core services in homes and other community-based settings, such as schools and congregate care settings, when necessary and clinically appropriate.

Transportation assistance: The CBHC must help facilitate access to CCA's transportation benefit for Members and family members of all abilities, including readily available door-through-door, two-person assistance to appointments and other types of care.

Language and cultural competencies: The CBHC must offer services in Members' preferred languages, including American Sign Language, or provide access to a trained interpreter service when skilled staff are unavailable. Staff must adhere to the following cultural and linguistic competence principles:

- Capacity and competency to treat a variety of populations, including but not limited to:
 - People with mental health conditions/diagnoses
 - People with co-occurring mental health and substance use disorders/diagnoses
 - People with co-occurring behavioral health and medical conditions (utilizing assessment capabilities and referrals for medical conditions)
 - People with substance use disorder conditions
 - People with opioid use disorder (OUD) requesting induction and bridging services for medication for opioid use disorder (MOUD) and referrals to ongoing care
 - People who are pregnant, postpartum, and lactating
 - Older adults (age 65+)
 - People with cognitive or decisional impairment (e.g., Alzheimer's or dementia)
 - Military service members, veterans, and families
 - Culturally and linguistically diverse populations in their geographic area
 - People with Autism Spectrum Disorder (ASD) and/or intellectual and developmental disabilities (IDD)
 - People who are deaf or hard of hearing
 - People who are blind, deaf-blind, and visually impaired
 - People with physical disabilities that limit mobility
 - People who lack stable housing
 - People who are LGBTQIA+
 - Persons involved with the justice system

- **Recovery-oriented:** CBHCs will support resiliency, rehabilitation, and recovery of all individuals to whom they provide behavioral health services, by integrating mental health, substance use disorder, and co-occurring disorder recovery and rehabilitation principles and practices throughout the service delivery model and implementing specific recovery-oriented services, including peer and family support services. Recovery-promoting treatment approaches instill hope; capitalize upon the strengths of the person and their family/support system; are aimed at enhancing problem-solving, coping, and other competencies; and are highly individualized and collaborative. Recovery-oriented processes recognize and respect that change occurs in non-linear stages, and effective providers assess the stage of readiness to change and pair effective interventions and techniques accordingly.
- **Cultural and linguistic humility:** CBHCs commit to implementation of Culturally and Linguistically Appropriate Standards (CLAS) (Culturally and Linguistically Appropriate Services (CLAS) Initiative | Mass.gov) and ensure that the content and process of all services are informed by knowledge, respect for, and sensitivity to culture, and are provided in the individual's preferred language and mode of communication. Cultural and linguistic humility includes:
 - Ability to provide services in a culturally and linguistically competent manner, including access to informal and formal supports reflecting the family's cultural and linguistic preferences, bilingual and American Sign Language professionals, materials, and interpreters
 - Ability to hire, develop, and retain culturally and linguistically competent staff, including staff reflective of the racial, linguistic, gender, and sexual orientation diversity of the population in their geographic area
 - Organizational commitment to continuous learning in the area of cultural competence, reflected in training curricula, supervision, and performance evaluation at all levels of the organization
 - Commitment to continuous evaluation of the service environment, written materials, communications, facilities, and approach of staff from a cross-cultural perspective to promote an open, welcoming, and accepting environment.
- **Commitment to Member choice and Member-centered care:** CBHCs will deliver services in an individualized, respectful, flexible, and coordinated manner.
- **Broad knowledge of the community behavioral health system and commitment to community-based care:** Knowledge of behavioral health and social services provided in the community, how they are funded, and how Members access them; experience in developing professional relationships with colleagues in these organizations.

24-hour coverage: The provider must have clinic coverage 24 hours per day, 7 days per week to respond to established Members with an urgent need or crisis situation.

- During business hours, clinic coverage must include, at minimum, an urgent outpatient session by a qualified professional and triage to appropriate services for the Member's presenting crisis.
- After hours, clinic coverage must include live telephonic access to qualified professionals and,

if indicated, arrangements for further care and assistance in real-time to an appropriate provider (e.g., AMCI or emergency departments (EDs)). Each CBHC must maintain a current roster of on-call clinicians available to speak with Members.

- A pre-recorded message will not fulfill the requirement for access to a qualified professional.
- The after-hours triage phone line must provide a direct connection to the CBHC's AMCI.

Access to Coordinated Specialty Care (CSC) for First Episode Psychosis: CBHC providers must have the capacity to refer and coordinate with these specialty providers.

- Required competencies for CBHCs referring to CSC programs:
 - Competency to detect/recognize signs and symptoms and ask/screen individuals experiencing early psychosis
 - Competency to detect/recognize signs and symptoms and ask/screen individuals experiencing early psychosis
 - Competency to support someone through hand-off/transition to specialized services.

Expectations of Transgender inclusive and affirming policies for non-overnight levels of care

It is the expectation of CCA that all contracted providers will provide inclusive and affirming care to our transgender/non-binary/gender diverse Members. For non-overnight levels of care this expectation is inclusive of, but not limited to:

- Consistently using the name and pronouns that the Member uses for themselves, even if this is not the name and/or pronoun set reflected in the Member's legal identification and/or CCA insurance card
- Ensuring that staff are regularly trained in best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care
- Making determinations about access to any gender-based/gender separated service based on the gender with which the Member identifies, even if this is not the gender reflected in the Member's legal identification and/or CCA insurance card

CARE COORDINATION REQUIREMENTS:

The CBHC is expected to coordinate care across the spectrum of services, including physical and behavioral healthcare, social services, housing, educational systems, and employment supports as appropriate to facilitate wellness and recovery of the whole person.

The CBHC must ask the Member if they have an existing care coordinator, conduct third-party confirmation of care coordinator participation, if possible, assess for appropriateness of referral to care coordination, and make the referral, preferably the same day, but no later than three calendar days, to the Member's MassHealth Senior Care Organizations or One Care plans for care coordination where appropriate.

For DMH ACCS Members, the CBHC must make the referral, preferably the same day, but no later than three calendar days, directly to DMH. DMH will determine further program eligibility. If the ACCS Member is deemed ineligible, the CBHC will be responsible, as described below, for providing care coordination to the Member. If a Member has recently been discharged from an inpatient facility or ED, the CBHC will request CCA to expedite the referral.

It is the CBHC's responsibility to provide a robust set of care coordination services, as appropriate, to

ensure Member needs are met. Care coordination activities must include the following:

- Develop, document, and coordinate behavioral healthcare plan with the Member/family/caregiver upon completion of comprehensive assessment, no later than the third visit.
 - The CBHC must ensure that the comprehensive behavioral healthcare treatment plan is shared/included monthly in both the ongoing care and transition of care communication with relevant providers, state agencies, and members of treatment and care teams, in accordance with applicable privacy requirements.
 - The CBHC must ensure that information is requested and received from all relevant treatment providers outside the CBHC, and that all information is included in the Member's record, in accordance with applicable privacy requirements.
 - The CBHC is responsible for ensuring crisis planning and coordination by guiding the Member and family through a crisis planning process. The CBHC must:
 - Review the crisis planning tool with the Member to ensure understanding and consensus on plan components.
 - With Member consent, ensure the crisis plan is communicated with state agencies, members of the treatment team, care team, and family members, as appropriate.
 - For adult Members:
 - In addition to detailed documentation of the behavioral healthcare treatment approach and results of any diagnostic evaluation, the comprehensive behavioral healthcare treatment plan should include information reported by the Member about their physical health condition(s) and note impact on the Member's psychosocial functioning as clinically indicated, as well as social service needs and current providers as appropriate.
 - The CBHC, working with a team of support staff, must coordinate services with a Member's PCP, other behavioral health providers, relevant state agencies, specialty medical providers such as neurologists and OB/GYNs, and CCA.
 - As appropriate, the treatment planning team should include individuals identified by the Member, including natural support and medical professionals, if appropriate, and other members of the Member's care team.
 - All components of the treatment plan must be documented, adherence to the treatment plan should be monitored, and outcomes should be monitored.

Support Transitions of Care:

The CBHC must establish a standard process to support transitions of care, including follow-up appointments and development of transition plans in coordination with the Member, other providers, and/or state agencies serving the Member as appropriate. During the course of the comprehensive behavioral healthcare treatment plan development, identification of the primary responsible party to support transitions of care must be identified to avoid duplication and ensure coordination. Transition plans shall be coordinated with providers including but not limited to:

- 24-hour facilities
- PCPs
- Behavioral health specialty care providers
- CCA care managers (including community-based provider, or state agency resources)
- Community Partners

- CBHI services
- Residential treatment centers
- Congregate care settings

Connections to Community-Based Social Services and Other Providers and Supports

- The CBHC must:
 - Conduct a social service needs assessment or review existing assessments based on the preferences of the Member for inclusion in overall care planning
 - Assist in connection to social services
 - Maintain relationships and coordinate with existing behavioral health providers, social services, CCA Care team, PCPs, Long-Term Services and Supports (LTSS) providers, Community Support Program (CSP) case managers, jail diversion co-responders, community clinical services providers
 - Ensure that a comprehensive social services plan is included in the transition of care communication with other providers, including social services providers and Member supports
 - Ensure that Member’s natural supports have been included in this process

Coordination with State and Local Agencies

- For Members enrolled with or receiving services from a state agency, the CBHC must communicate and coordinate services with the agency or agencies as appropriate.
- For Members involved in the criminal justice system, the provider must communicate and coordinate services with the Department of Correction, parole, probation, and local police department jail diversion co-responders, as appropriate.
- For Members who are older adults, communicate and coordinate services with local Aging Services Access Points and Councils on Aging, as appropriate, including connection to older adult behavioral health outreach teams.

Care Coordination Documentation

- All care coordination activities must be documented in an easily accessed tracking log located in the Electronic Health Record (EHR).

STAFFING REQUIREMENTS:

The provider complies with the staffing requirements of the applicable licensing body, the staffing requirements in the service-specific performance specifications, and the credentialing criteria and has the resources to support the management and delivery of CBHC services, including administrative and financial oversight, medical leadership, and technology infrastructure.

The CBHC is responsible for staffing locations such that the core services can be provided at each site, as required, and that access requirements are met. All licensure staffing requirements must also be met. At a minimum, the CBHC must designate the following positions:

- **Medical director:** A board-certified or board-eligible psychiatrist who possesses DEA X waiver registration for prescribing of MOUD, who will be responsible for clinical and medical oversight and quality of care across all CBHC services. The medical director will be responsible for establishing all medical policies and protocols and supervising all medical services provided by

staff.

- **Board-certified or board-eligible psychiatrists** or other prescribers of MOUD who possess DEA X waiver registrations for prescribing of MOUD.
- **Board-certified or eligible psychiatrist**, including a child and adolescent psychiatrist, or an advanced practice registered nurse (APRN): A board-certified or eligible for such certification psychiatrist, including a child and adolescent psychiatrist or an APRN, who shall provide psychiatric assessment, medication evaluations, and medical management and contribute to the comprehensive assessment and care planning.
- **Clinical program director**: An independently licensed behavioral health clinician who will be responsible for the oversight and management of clinical staff hiring, scheduling, performance, and supervision; adequacy and appropriateness of Member care; program evaluation; development of in-service training for staff, and establishment of a quality management program.
- **Assistant director**: An independently licensed behavioral health clinician who will support the clinical director with all leadership functions, including clinical and administrative oversight and quality of care across the CBHC.
- **Quality director**: A dedicated CBHC quality director will provide this oversight managing quality across programs. A broader organization quality director may oversee CBHC quality by performing or designating quality staff who provide oversight of quality measurement requirements for all services provided as part of the CBHC system.
- **Clinical supervisor**: An independently licensed behavioral health clinician who will provide clinical supervision to all direct service staff across the CBHC service components.
- **Nurse manager**: The nurse manager (RN) is a management position within the CBHC, responsible for providing supervision to nursing staff and oversight across CBHC service components as needed. The nurse manager will fill physician orders; administer medication; take vital signs; coordinate medical care; contribute to comprehensive assessment, inclusive of assessment of signs of substance withdrawal and completion of standardized assessment tools such as the Clinical Opioid Withdrawal Scale (COWS), Clinical Institute Withdrawal Assessment for Alcohol (CIWA), and Clinical Institute Withdrawal Assessment for Benzodiazepines (CIWA B); conduct brief crisis counseling and individualized risk management/safety planning; provide psycho-education; and assist with discharge planning and care coordination.
- **Registered nurse (RN)**: The RN will perform the following core functions: fill physician orders; administer medication and engage in a medication reconciliation process, as outlined within the Components of Service section; take vital signs; coordinate medical care; contribute to comprehensive assessment, brief crisis counseling, individualized crisis prevention planning, and provider psychoeducation; and assist with discharge planning and care coordination.
- A sufficient number of FTE of any of the following independently licensed clinicians to meet the needs of the population served by the CBHC, including those with a minimum of two years' experience treating youth and/or families:
 - Master's- or doctoral-level psychologist
 - Licensed independent clinical social worker (LICSW)
 - Psychiatric advanced practice registered nurse (APRN)
 - Licensed mental health counselor (LMHC)

- Licensed marriage and family therapist (LMFT)
- **Master’s-level clinicians**
- Additional clinical staff to meet regional need, such as:
 - Licensed alcohol and drug counselor I (LADC I)
 - Licensed applied behavior analyst (LABA)
- **Bachelor’s-level or equivalently experienced staff:** Staff will provide care coordination, outreach and engagement, and discharge planning.
- For adult services, at least one FTE of each of the following:
 - Certified peer specialist
 - Recovery support navigator or recovery coach
- **Medical assistants and/or phlebotomist:** Staff will identify Members via ID, medical record, or other means; draw blood using needles and other equipment; obtain toxicology samples, label samples correctly, and send them for testing as appropriate; medical assistants will also assist with vital signs, height/weight, and other relevant health data.
- **Clerical staff:** will be responsible for maintaining records, ensuring release of information forms and other documentation is completed, and other administrative support.
- **Security staff:** Security staff will provide enhanced safety and security. Staff will be trained with an approved behavioral support and management program, including skills in de-escalation, to maintain safety of all Members and staff at all hours of operation.
- **Other staff for CBHC administrative functions as needed:** The CBHC is responsible for designating non-clinical staff to support the safety and quality of care for all Members who receive services within the program. Required staff within each CBHC include staff who provide oversight of quality measurement requirements for all services provided as part of the CBHC system. Additional staff must be identified for other essential functions for effective CBHC operations including training, practice transformation, quality improvement, utilization, management, and electronic health record support.

Supervision Requirements:

- The CBHC must ensure that a clinician licensed at the independent practice level is available during all business hours for consultation.
- The CBHC is required to comply with applicable DPH, Department of Mental Health, and MassHealth regulations and standards regarding clinical supervision.
- Regular clinical supervision of unlicensed clinicians, including discussion of the cases in the unlicensed professional’s caseload, must be delivered by an independently licensed staff member qualified to deliver supervision in the discipline of the supervisee and must occur with a frequency and duration commensurate with the caseload and in accordance with applicable licensure and programmatic requirements.
- To ensure that supervision is appropriately documented, both the supervising clinician and the supervisee must maintain records of supervision meetings.
- All paraprofessional staff must receive weekly individual, group, or dyadic supervision commensurate with their caseload. Training Requirements:
 - Each CBHC location must ensure licensed clinician(s) are certified and trained in the evidence-based practice modalities offered. Providers must ensure adequate supervision

and training for all employed or contracted workforce. Clinical leadership will be responsible for the oversight and ongoing training and coaching related to any evidence-based practices used by the provider. Employed or contracted workforce must be trained, certified, and/or licensed, and must maintain certification in designated modalities. All training must be documented in employee personnel records.

- All staff must receive appropriate training in order to provide services based on the needs of the Member population. At minimum, all staff must receive training in:
 - The clinical and psychosocial needs of the target population as defined by the CBHC
 - Upholding standards of trauma-informed care, including fostering trauma-informed environments
 - Crisis prevention and de-escalation, risk management and safety planning, and conflict resolution
 - Ethnic, cultural, and linguistic cultural competencies relevant to the community that the CBHC services
 - Available community resources and services, including the Community Partners program
 - Zero Suicide Evidence-Based Practice
 - Overdose Prevention and Response (Narcan)
 - All Member-facing staff must be trained in motivational interviewing and person-centered treatment planning. Clinical staff must be trained in CBT
 - All prescribing staff must be up to date on current psychotropic medications and possible side effects.
- Staff providing adult services must receive annual training in:
 - Safety and risk
 - Treatment of substance use disorders, including:
 - Confidentiality of treatment as specified under 42 CFR part 2
 - Substance use disorders including tobacco and nicotine addiction, clinical assessment and diagnosis; treatment planning; relapse prevention and aftercare planning
 - Co-occurring disorders, including mental health disorders, gambling and other addictive behaviors, and mechanisms for ensuring coordination of care related to all cooccurring disorders
 - Effects of substance use disorders on the family and related topics such as the role of the family in treatment and recovery, and the risks and benefits of all MAT/MOUD options, as well as the risks and benefits of not receiving treatment
 - Training on the American Society of Addiction Medicine (ASAM) Criteria and its application.

Documentation:

All employed or contracted clinicians must comply with the provider’s protocols for documentation, including use of an EHR that is accessible to other qualified members of the treatment team. All interventions, including support and treatment, must be documented in a shared EHR.

ACCESS TO SERVICES OUTSIDE THE CBHC:

The provider must facilitate access to needed services and supports that are not provided by the CBHC. These services and supports are not included in the CBHC encounter bundle. The provider must be able to facilitate access to at least the following services and supports through formal partnerships:

- Laboratory services for necessary screening and testing
- Specialized services requiring special training or specific credentials including:
 - Services for older adults, including geriatric psychiatry
 - Services for Members involved with the juvenile and adult justice system, including forensically trained staff to conduct and review criminogenic risk assessments to inform appropriate treatment planning, and staff familiar with criminogenic risk/needs/responsivity models
 - Services for Members with ASD/IDD
 - Services for Members with traumatic brain injury
- Warm hand-off to Opioid Treatment Programs or Office-Based Addiction Treatment Programs (OBATs) (if not available at the CBHC) when needed and preferred by the Member
- Care coordination supports such as CCA Care Management.

If there are barriers to accessing covered services, the **provider notifies CCA's Clinical Team by calling CCA's Provider Line at 866-420-9332** and asking to speak to the Member's Care Team. **Transportation to covered medical appointments within 50 miles is a CCA covered benefit service and can be secured by calling the CCA Provider Line.**

COMMUNICATION PROTOCOLS:

Formal Communication Agreements:

To effectively coordinate and deliver care, the provider must hold formal communication agreements with other providers and develop documented processes for expected timelines, access to care, referral processes, and communication and escalation protocols. These may include Structured Business Associate Agreements/Clinical Associate Agreements, Memorandums of Understanding, or other formalized agreements, which must include the following elements:

- Workflows and standard protocol for Member release of information
- Communication protocol/data exchange protocol with outside providers via EHR
- Ability to utilize/plan to work with event notification services via EHR or another platform

The provider must have these agreements with the following entities, which must be within the provider's catchment area whenever possible:

- Inpatient psychiatric facilities (acute and freestanding)
- 24-hour diversionary behavioral healthcare providers
- Opioid Treatment Programs
- Office-Based Addiction Treatment Programs (OBAT)
- Residential services
- Community service agencies and other CBHI service providers
- Older adult mental health services (e.g., Elder Mental Health Outreach Teams (EMHOTs), Aging Service Access Points (ASAPs), etc.)
- 988 crisis call centers
- State agency services and other relevant providers

Outreach Plans:

The CBHC must develop an outreach plan that informs the entities in their catchment area listed below of the availability of the provider's services for any member of the community who may need urgent or ongoing behavioral health treatment. The outreach plan should include documented protocols for communication processes and plans for routine meetings.

- Hospital emergency departments and inpatient psychiatric units/facilities
- Organizations focused on recovery, such as:
 - Recovery Learning Centers
 - Recovery Support Centers
- Organizations serving justice-involved Members, such as:
 - Providers of behavioral health supports for justice-involved individuals
 - Probation and parole
 - Courts
 - Houses of correction
 - Local municipalities and police departments (including organizations that employ jail diversion clinicians)
 - Department of Correction
 - District attorney's offices
- Case Management and Care Coordination Supports
 - Providers of Community Support Programs (CSP), case management provided by state agencies, and other related case management supports
- Clinical providers
 - PCPs
 - Community Health Centers
- Autism resource centers
- Homeless service providers
- Agencies serving older adults, such as:
 - Family resource centers
 - Aging Services Access Points
 - Councils on Aging
 - Nursing facilities
- Other community-based service organizations (e.g., providers of affordable and subsidized housing, child, and adult protective services agencies).

The provider must also be able to accept referrals from primary care practices, CCA, and state agencies. The CBHC must engage in planning with local law enforcement and/or emergency medical services (EMS) providers, inclusive of jail diversion co-responders, to accept police drop-off.

MANAGEMENT FUNCTIONS:

The CBHC will be responsible for conducting all clinical, medical, quality, administrative, and financial oversight functions across all the services provided by the CBHC system and all locations where these services are provided, including services provided by subcontractors. These functions include:

- Staff recruitment, hiring, training, supervision, and evaluation
- Triage

- Clinical and medical oversight
- Quality management/risk management
- Information technology, data management, and reporting
- Claims submission
- Encounter form submission for AMCI services
- Data tracking related to Members' utilization of CBHC services
- EIM/ESM data for BSAS
- Oversight of subcontracts
- Interface with CCA

QUALITY MEASURES AND REPORTING REQUIREMENTS:

The provider is responsible for quality oversight of all adult services delivered and/or subcontracted, including AMCI and Adult Community Crisis Stabilization.

Reporting must be submitted to MassHealth or its designee on an annual basis for the following:

- **General staffing report:** Reporting on all licensed and unlicensed staff, delineating staff capable of delivering services for special populations (e.g., ASD/IDD; justice-involved), trauma informed care, and delivery of care in other languages; staff responsible for providing supervision; and staff who remain unlicensed for a longer timeframe than allowed by the respective professional licensure board
- **Peer supervision report:** Staff trained to supervise peers with commensurate written supervision policy and procedures
- **Workforce retention:** Reporting on the provider's plan for retaining staff, including professional development, training, salary adjustments, opportunities for growth, tuition reimbursement, and flexible schedule for school opportunities
- **Outcomes and quality reporting:** Submission of data and quality measures using specified templates and processes, as outlined in provider's contract to serve as a CBHC
- **Patient Satisfaction Survey results**
- **Enterprise Invoice/Service Management (EIM/ESM) data**
- **Written policies and procedures:**
 - An intake policy
 - Admission procedures, including criteria and procedures for multidisciplinary review of each individual referral
 - Treatment procedures, including, but not limited to, development of the treatment plan, case assignment, case review, discharge planning, and follow-up on Members who leave the program, voluntarily or involuntarily
 - Medication policy that includes prescription, administration, and monitoring data
 - Policy and procedure for induction and bridging of MOUD
 - A referral policy, including procedures for ensuring uninterrupted and coordinated Member care upon transfer
 - Procedures for walk-in Members and clinical emergencies during operating and nonoperating hours
 - Record-keeping policies, including what information must be included in each record, and procedures to ensure confidentiality
 - Personnel and management policies, including policies for hiring, training, evaluation,

- supervision, and termination for all staff
- A utilization review plan

The provider must report within 10 days any deficiencies or citations indicated during a site visit performed by other agencies, including but not limited to the Department of Public Health, the Department of Mental Health, The Joint Commission, and the Commission on Accreditation of Rehabilitation Facilities.

The provider must report within 10 days any sanction or disciplinary action against any clinical staff by any agency or licensure board.

Providers will comply with all applicable laws and regulations including but not limited to any and all applicable Medicare and/or Medicaid laws, regulations, and instructions of CMS and/or EOHHS relating to addressing and reporting Serious Reportable Events (SREs) and Adverse Incidents.

Reportable adverse incidents must be reported to CCA and MassHealth Office of Behavioral Health within one business day as per policy and DMH licensing requirements. Providers must follow all laws and regulations for reporting Adverse Incidents (per MassHealth per [MassHealth All Provider Bulletin 316](#)).

Network providers will comply with all requirements contained in their contract with CCA including any corrective actions required by CCA or applicable regulatory agencies.

Ongoing patient recorded outcomes measures must be collected on a regular schedule and utilized to inform Member progress in treatment. Results of outcomes measures should be one component of measuring clinical progress and included in the treatment plan. Clinical outcomes data must be made available to Commonwealth Care Alliance (CCA) upon request and must be consistent with CCA's performance standards for CBHC level of care.

EOHHS or CCA may require other ad hoc or ongoing provider-level quality measures.

DOCUMENT UPDATES:

- December 2024: Revised template
- March 2026: Annual review