

APPENDIX E: NHSC Comprehensive Behavioral Health Services Checklist

NHSC COMPREHENSIVE BEHAVIORAL HEALTH SERVICES CHECKLIST

Upload current documents to demonstrate services provided directly to patients on-site and services provided through formal affiliation agreements.

****Only NHSC Site Administrators are permitted to submit certification documents****

Site Name _____

Address _____

Section I. Core Comprehensive Behavioral Health Service Elements

NHSC-approved Comprehensive Primary Behavioral/Mental Health Service sites must upload documentation demonstrating that Core Comprehensive Behavioral Health Services are provided on-site. Core service elements must be provided on-site; these services cannot be offered through referral, affiliation or contract.

Service	Check the box and upload supporting documentation for each Core service provided on-site.
1. Screening and Assessment: <i>Screening</i> is the practice of determining the presence of risk factors, early behaviors, and biomarkers, which enables early identification of behavioral health disorders (e.g., warning signs for suicide, substance abuse, depression) and early access to care. <i>Assessment</i> is a structured clinical examination that analyzes patient bio-psych-social information to evaluate a behavioral health complaint.	
2. Treatment Plan: A formalized, written document that details a patient's current clinical symptoms, diagnosis, and outlines the therapeutic strategies and goals that will assist the patient in reducing clinical symptoms and overcoming his or her behavioral health issues. The plan also identifies, where indicated, clinical care needs and treatment(s) to be provided by affiliated health and behavioral health care providers and settings.	
3. Care Coordination: <i>Care Coordination</i> is the practice of navigating and integrating the efforts primary care, specialty health care and social service providers to support a patient's health, wellness and independence.	



Section II. Additional Comprehensive Behavioral Health Service Elements (Non-Core Elements)

NHSC-approved Comprehensive Primary Behavioral/Mental Health Service sites must upload documentation demonstrating patient access to non-core service elements, which may be provided on-site/in-network, through referral, affiliation or contract. Acceptable documentation includes: affiliation agreements; memorandums of understanding/agreement; contracts; letters of referral; letters of support/commitment; or referral and follow-up policy.

Service	Select ON-site or Off-site and upload supporting documentation	
	Provided On-site	Provided Off-site
1. Diagnosis: The practice of determining a patient's emotional, socio-emotional, behavioral or mental symptoms as a diagnosable disorder in accordance with the Diagnostic and Statistical Manual of Mental Disorders (DSM; most current edition) and International Classification of Disease (ICD; most current edition).		
2. Therapeutic Services (including, but not limited to, psychiatric medication prescribing and management, chronic disease management, and Substance Use Disorder Treatment): Broad range of evidence-based or promising behavioral health practice(s) with the primary goal of reducing or ameliorating behavioral health symptoms, improve functioning, and restore/maintain a patient's health (<i>e.g., individual, family, and group psychotherapy/ counseling; psychopharmacology; and short/long-term hospitalization</i>).		
<ul style="list-style-type: none"> a. Psychiatric Medication Prescribing and Management b. Substance Use Disorder Treatment c. Short/long-term hospitalization d. Other (Please list) e. Other (Please list) 		



<p>3. Crisis/Emergency Services (including, but not limited to, 24-hour crisis call access): The method(s) used to offer immediate, short-term help to individuals who experience an event that produces emotional, mental, physical, and behavioral distress or problems. In some instances, a crisis may constitute an imminent threat or danger to self, to others, or grave disability. <i>(Note: generic hotline, hospital emergency room referral, or 911 is not sufficient).</i></p>		
<p>4. Consultative Services: The practice of collaborating with health care and other social service providers <i>(e.g., education, child welfare, and housing)</i> to identify the biological, psychological, medical and social causes of behavioral health distress, to determine treatment approach(s), and to improve patient functioning.</p>		
<p>5. Case Management: The practice of assisting and supporting patients in developing their skills to gain access to needed health care, housing, employment, social, educational and other services essential to meeting basic human needs and consistent with their health care treatment, symptom management, recovery and independent functioning.</p>		



Section III. Off-Site Behavioral Health Service Details

Under this section, the NHSC-approved site must provide basic information for each entity that supports access to non-core behavioral health services.

<p>Entity: _____</p> <p>Address: _____ _____</p> <p>Services Covered: _____ _____</p> <p>Date Documentation is Executed: _____ _____</p> <p>Services available under this agreement are offered to all without regard for the ability to pay? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Entity: _____</p> <p>Address: _____ _____</p> <p>Services Covered: _____ _____</p> <p>Date Documentation is Executed: _____ _____</p> <p>Services available under this agreement are offered to all without regard for the ability to pay? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Affiliated: _____</p> <p>Address: _____ _____</p> <p>Services Covered: _____ _____</p> <p>Date Documentation is Executed: _____</p> <p>Services available under this agreement are offered to all without regard for the ability to pay? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Affiliated: _____</p> <p>Address: _____ _____</p> <p>Services Covered : _____ _____</p> <p>Date Documentation is Executed: _____</p> <p>Services available under this agreement are offered to all without regard for the ability to pay? Yes <input type="checkbox"/> No <input type="checkbox"/></p>



Section IV. Certification of Compliance with Behavioral Health Clinical Practice Requirements

Certify that the behavioral health site adheres to the clinical practice requirements for behavioral health providers under the NHSC and supports NHSC participants in meeting their obligation related to the clinical practice requirements.

	Provided On-site	Not Provided On-site
Full-time: The site offers employment opportunities that adhere to the NHSC definition of full-time clinical practice. Full-time clinical practice for behavioral health providers means a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 20 hours/week must be spent providing patient care at the approved service site(s). Of the minimum 20 hours spent providing patient care, no more than 8 hours/week may be spent in a teaching capacity, performing clinical-related administrative activities, or in an alternative setting (e.g., hospitals, nursing homes, and shelters) as directed by the approved sites. The remaining 20 hours/week must be spent providing patient care at the approved service site(s) or performing service as a behavioral or mental health professional in schools or other community-based settings when directed by the approved sites(s).		
Half-time: The site offers employment opportunities that adhere to the NHSC definition of half-time clinical practice. Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 10 hours/week are spent providing patient care at the approved service site(s). Of the minimum 10 hours spent providing patient care, no more than 4 hours per week may be spent in a teaching capacity, performing clinical-related administrative activities, or in an alternative setting (e.g., hospital, nursing home, and shelter), as directed by the approved site(s). The remaining 10 hours/week may be spent providing patient care at the approved service site(s) or performing service as a behavioral or mental health professional in schools or other community-based settings when directed by the approved site(s).		

Section V. Site Certification:

By signing below, you (the NHSC Site Administrator) are affirming the truthfulness and accuracy of the information in this document.

I, _____, hereby certify that the information provided above, and all supporting information, is true and accurate. I understand that this information is subject to verification by the NHSC.



Signature

Date

OFFICIAL NHSC USE ONLY

Recommended By:

COMMENTS

Certified	Not Certified
<input type="checkbox"/>	<input type="checkbox"/>

