

# ***Behavioral Health – Cheat Sheet***

## ***Sections I & II***

### **Section I - Core Comprehensive Behavioral Health Services**

You must provide documentation that your site offers Core Comprehensive Behavioral Health Services at your location. These services **must** be provided directly on-site, they cannot be offered through in-network, referral, affiliation, or contract.

**\* The language and words used in this document such as screening, assessment, treatment plan, care coordination, diagnosis, therapeutic services, crisis/emergency services, consultative services, and case management *should* be used in your submitted documents to satisfy application requirements. \***

[National Health Service Corps Site Reference Guide \(hrsa.gov\)](https://www.hrsa.gov) pg. 14

#### **1. Screening and Assessment**

**Screening:** Determines the presence of risk factors, early behaviors, biomarkers such as substances or characteristics of conditions or disease to help identify behavioral health disorders.

**Assessment:** A structured clinical examination that analyzes patient bio-psych-social information.

For example, using specific screening and assessment tools such as Generalized Anxiety Disorder 7-item (GAD-7), Patient Health Questionnaire 9 (PHQ-9), Suicidal Behaviors Questionnaire – Revised (SBQ-R), etc.

#### **2. Treatment Plan**

A formal, written plan that explains a patient’s current symptoms and diagnosis. The plan will also include goals and strategies that can be used to reduce symptoms and overcome behavioral health issues. If necessary, mentions of additional care or treatments the patient might need from other healthcare providers or sites will be included in the plan as well.

#### **3. Care Coordination**

Helping patients stay healthy, happy, and independent by coordinating the efforts of different healthcare and social service providers, such as primary care doctors, specialists, social services, and community support services.

### **Section II – Non-Core Comprehensive Behavioral Health Service Elements**

You must provide documentation that your site offers non-core Comprehensive Primary Behavioral/Mental Health Services either on-site, through referral, affiliation, or contract.

#### **1. Diagnosis**

The process of determining if a patient’s emotional, social, or mental health coordinate with a recognized disorder as outlined in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, or the most current edition of the International Classification of Disease.

#### **2. Therapeutic Services**

A wide variety of proven or promising ways to address behavioral health issues, all aimed at lessening symptoms, improving how a person functions, and keeping them healthy.

Could potentially include but is not limited to: Psychiatric medication prescribing and management, chronic disease management, and Substance Use Disorder Treatment.

Examples include individual, family, and group psychotherapy/counseling; psychopharmacology; and shore/long-term hospitalization.

- a. Psychiatric Medication Prescribing and Management
- b. Substance Use Disorder Treatment
- c. Short/long-term hospitalization

### 3. Crisis/Emergency Services

The methods used to support people who have just been through an event putting their emotional, mental, or physical health at risk, or if they are in danger of harming themselves, others, or they cannot take care of themselves properly.

Please note that a generic hotline, hospital emergency room referral, or 911 is not sufficient.

### 4. Consultative Services

Working with healthcare and social service providers to figure out what might be causing the patient's mental health struggles. These struggles can be related to body, mind, medical, or social situations.

Examples include education, child welfare, and housing.

### 5. Case Management

Helping patients learn and improve their abilities to get access to healthcare, housing, jobs, education, and any other services needed to live well. This support aligns with their medical treatment, managing symptoms, recovery, as well as being independent.

**\*Examples of documentation for Core and Non-Core services are shown in the following pages\***

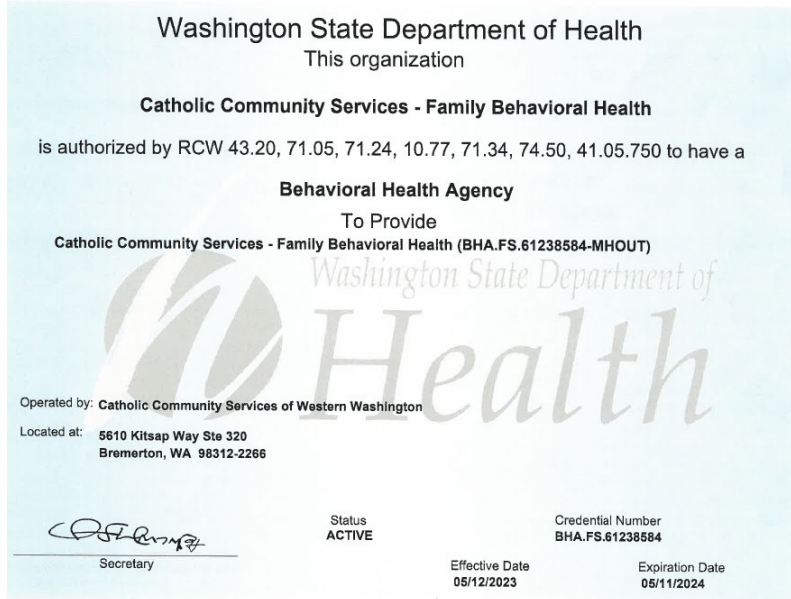
#### Required Documentation:

Sites must provide documentation for <b>each</b> core and non-core behavioral health service.
Types of documentation for on-site services: <ul style="list-style-type: none"><li>• Operating certificate issued by the state, territory, county, etc.</li><li>• Site brochure listing the behavioral health services.</li><li>• Site policy that outlines the behavioral health services.</li><li>• Document that includes the website link and screenshot of available behavioral health services.</li><li>• Other documentation that outlines behavioral health services provided on-site.</li></ul>
Types of documentation for off-site non-core services: <ul style="list-style-type: none"><li>• Affiliation agreements</li><li>• Memorandums of understanding/agreement</li><li>• Letters of support/commitment</li><li>• Referral and follow-up policy and procedures<ul style="list-style-type: none"><li>○ Include information about the service providers in your community that you refer to.</li></ul></li></ul>

Example for licensed Behavioral Health Agency:

**Operating certificate issued by the state, territory, county, etc.**

**Also include a list of your approved services (screen shot shown below). Follow the instructions here to look up your BHA license and approved services.**



CLICK TO RETURN  
 Agency Name  
 Cascade Community HealthCare - Chehalis

Type	Service
Crisis	Crisis Outreach
Outpatient	Brief Intervention Treatment
Outpatient	Family Therapy
Outpatient	Group Therapy
Outpatient	Individual Treatment
Outpatient	Rehabilitative Case Management
Recovery Support	Peer Support
Recovery Support	Supported Employment
Substance Use Disorder	DUI Assessment

**Street Address**  
 135 W Main St, Chehalis WA 98532-4817

**Phone**  
 360-748-4339



of Number of Beds	License Number	First Credential Status
0.00	BHA.FS.60874130	ACTIVE

**Columbia Valley Community Health - Chelan**

BHA.FS.60873386

(509) 662-4296

**Administrator:** Blake Edwards  
**MH Clinical Supervisor:** Mary Megan Kappler

**Physical Address**  
 105 S Apple Blossom Dr  
 Chelan, WA 98816-8810  
 Chelan

**Mailing Address**  
 600 Orondo Ave Ste 1  
 Wenatchee, WA 98801-2800  
 Chelan

**Certified Services**


**Mental Health Services**

- ✓ Brief Intervention Treatment
- ✓ Family Therapy
- ✓ Group Therapy
- ✓ Individual Treatment
- ✓ Psychiatric Medication and Medication Support
- ✓ Rehabilitative Case Management

**This document has been prepared in accordance with the site reference guidelines. It is important to note that it is not endorsed by or affiliated with HRSA.**

Examples for all facility types:

**Site brochure listing the behavioral health services on-site.** This example meets the documentation requirements for the core services because it describes the screening, assessment and care coordination services provided by the health center.

**Timberline Health Center**   
*WHERE HEALING HAPPENS*

### Services

- **Screening** of patients to determine if any risk factors, early behaviors, substances, or characteristic of a condition or disease are present.
- **Assessment** of patients during a thorough check up by one of our trusted healthcare professionals.
- **Creation of treatment plans** to explain the patient's diagnosis, as well as goals and strategies for healing and additional care.
- **Care Coordination** to utilize additional healthcare and social service providers to aid in any additional support needed for the patient.

### Contact Information


**Mail:**  
Timberline Health Center  
PO Box 1234  
Olympia, WA 98504-7853

**Email:**  
janesmith@timberlinehc.org

**Phone:**  
360-555-1234

## Policy and Procedure Documents

Sites can meet the requirements by submitting relevant policies and procedures. The example below provides documentation of the NHSC core requirement of Treatment Planning.



Effective Date: July 1, 2015	
	Approval Signature – Executive Director
Revision Date: March 1, 2022	References: 246-341-0600(2)(h); 246-341-0640(1)(d); 246-341-0702; SCRBH ASURS-1


**10.25 INDIVIDUAL SERVICE PLAN – COMMON BEHAVIORAL HEALTH CONTENT**

*This policy applies to the following NEWACS Programs:*

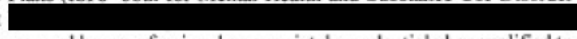


<input checked="" type="checkbox"/> Administration (Directors and Supervisors)	<input type="checkbox"/> Finance
<input checked="" type="checkbox"/> Substance Use Disorder Program	<input type="checkbox"/> Human Resources
<input checked="" type="checkbox"/> Crisis Services	<input type="checkbox"/> MIS
<input type="checkbox"/> Crisis Stabilization Program	<input checked="" type="checkbox"/> Outpatient Mental Health Program
<input type="checkbox"/> Employment Program	<input type="checkbox"/> Recovery Navigator Program
<input type="checkbox"/> Evaluation & Treatment Facility	<input type="checkbox"/> Support Staff (Office Managers/Records)
<input type="checkbox"/> Facilities	

**Purpose**

This policy describes the procedures and content common to both behavioral health Individual Service Plan (ISPs) completed at . See also the "

 and the "Employment Program" Policy and Procedure manuals for information regarding ISPs at the E&T and for individuals receiving DDA/DVR services at .

**Policy**

All Individual Service Plans (ISPs--both for Mental Health and Substance Use Disorder services) developed at  must be completed or approved by a professional appropriately credentialed or qualified to provide substance use disorder and/or mental health services. A Mental Health Professional (MHP) or a Mental Health Care Provider (MHPC) under the supervision of an MHP will be responsible for the overall ISP for each individual receiving mental health services at . If the Provider developing the ISP is not a Mental Health Professional (MHP), the plan must also document approval (signature) by an MHP. A Substance Use Disorder Professional (SUDP), or a SUDP Trainee (SUDP-T) under the supervision of a CDP, will be responsible for the overall ISP for each individual receiving substance use disorder services at . All initial ISPs shall be developed based on the criteria described herein.

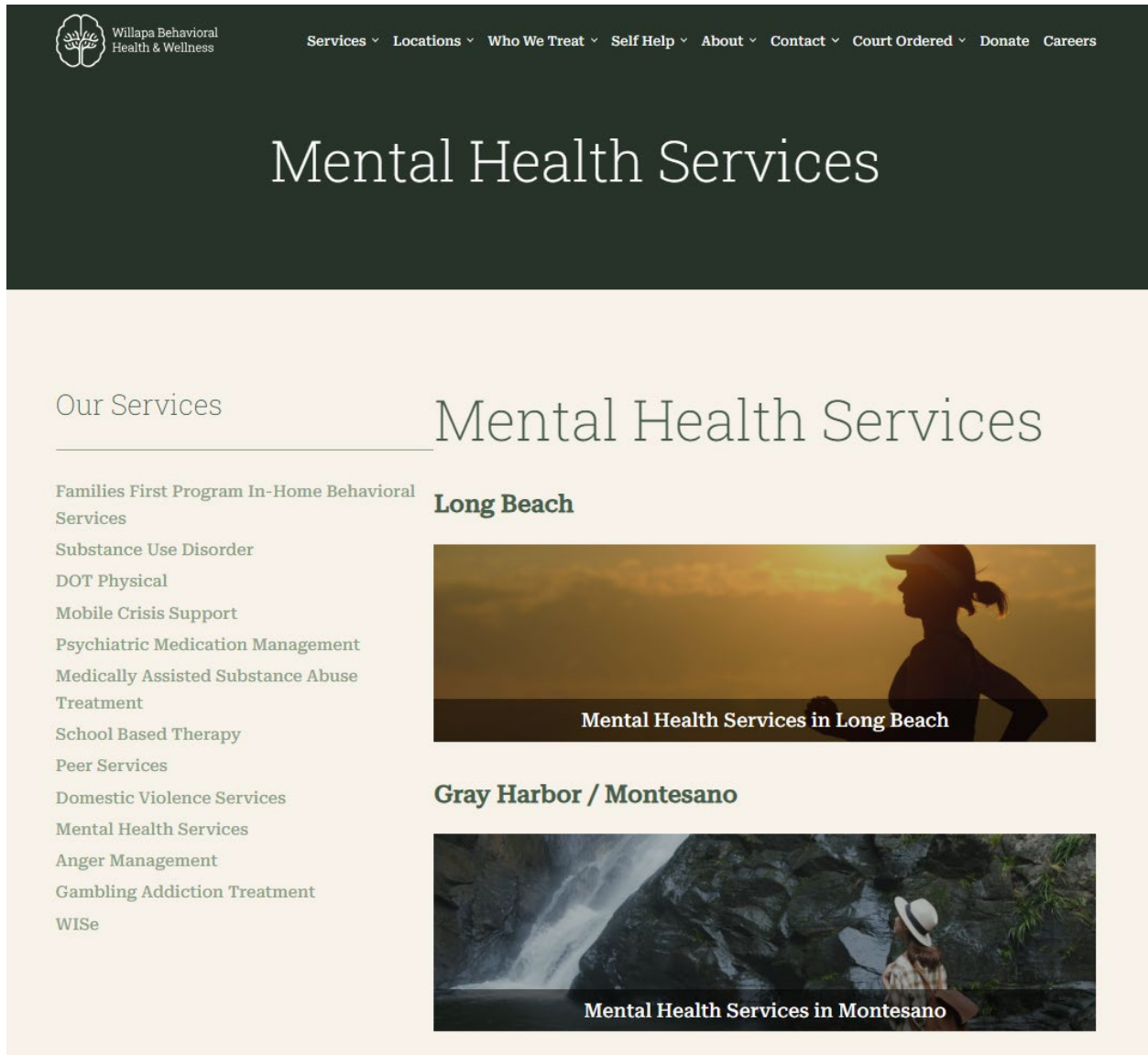
All behavioral health clinicians must develop person-driven, strength-based individual service plans that meet the individual's unique behavioral health needs. All individuals have the right to participate in the development of their Individual Service Plans and receive a copy of the plan if desired. The Individual Service Plan must be collaboratively developed with the individual, or the individual's parent or other legal representative if applicable. The intent of treatment is to assist an individual in attaining the goals identified in the individual service plan and restore the individual to their previous level of adaptive functioning or the highest level of functioning which the person can maintain.

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**Document that includes the website link and screenshot of available behavioral health services.**

Screenshots from your website that list and describe your services can also meet the documentation requirement. In the example below the website can be used to meet the requirements for Psychiatric Medication Prescribing and Management, Crisis Services, and Substance Use Disorder Treatment.

[Mental Health Services - Willapa Behavioral Health & Wellness \(willapabh.org\)](http://willapabh.org)



## Test Patient Record (from EMR)

Printing a test patient record is an excellent way to provide documentation for several behavioral health services. The example below demonstrates diagnosis, treatment planning, and psychiatric medication management. It can also demonstrate care coordination and consultation with other providers. Please make sure to submit a test/fake patient record.

ReportTest (20001) DOB: 01/01/1980 (43 / F)

Program: MH Plan Type: Service Plan Start Date: 01/18/2023 Target Date: End Date:

Presenting Problem

is unable to get out of bed in the morning due to feelings of depression.

Start Date: 01/18/2023

End Date:

Description:

Diagnosis: (296.89 / F31.81) Bipolar II disorder

Element Status: Active

What strengths does the client have to help with this problem: Reliable, has good family support, likes to go outdoors.

Goal:

I will be able to get out of bed and enjoy doing things again.

Start Date: 01/18/2023

Description:

Target Date:

End Date:

Goal Achievement Status: Not Achieved

Goal Achievement Date: 01/18/2023

Objective:

Client will attend appointments with provider approximately 1x-2x per week until proper medication and dose is found, then client will attend appointments approximately 1x per month until stable, then drop to approximately every 3 months once the client reports alleviation of symptoms to a functional level.

Start Date: 01/18/2023

Target Date:

End Date:

Description:

Intervention

Provider will meet with client 1x-2x per week to review medications, side effects, etc. Once proper dose is established, provider will meet with client approximately 1x per month until stable, then drop to approximately every 3 months once the client reports alleviation of symptoms to a functional level.

Description:

Start Date:  
01/18/2023

Target Date:

End Date:

Goal:

Become the ruler of the universe

Description:

Start Date:  
01/18/2023

Target Date:

End Date:

Objective:

██████████ will attend co-dependency group 1x week for a minimum 3 months and learn at least 5 new ways to avoid co-dependent behaviors.

Description:

Start Date:  
01/18/2023

Target Date:

End Date:

Intervention

Group facilitator will conduct a co-dependency group 1x week for a minimum 3 months and teach at least 5 new ways for Christina to avoid co-dependent behaviors.

Description:

Assigning Staff:  
██████████

Start Date:  
01/18/2023

Target Date:

End Date:

Overall achievement goal

Description:

Discharge may not be advised due to the necessity of medication to maintain mental stability. If it is safe to discharge, the client will maintain their health and be in tune with how they are feeling and return for services if symptoms start to feel like they are not manageable.



## Affiliation Agreements

[REDACTED]

September 14, 2020

[REDACTED]

To Whom It May Concern:

The purpose of this letter is to confirm the agreement between [REDACTED]'s [REDACTED] and [REDACTED] to partner with each other to ensure the needs of children in our region are met.

[REDACTED] is part of the [REDACTED] network of healthcare providers. [REDACTED] has 160 beds dedicated to offering an array of medical services for children, including physical and behavioral health concerns, and is committed to caring for all, "especially those who are poor and vulnerable" (as our Mission Statement pronounces).

[REDACTED] inpatient services are provided through its pediatric ("PICU") and neonatal ("NICU") intensive care units, a Pediatric Oncology and Hematology Unit, a general Pediatric units and other specialized care units. [REDACTED] has dedicated pediatric specialists on its staff in all areas of pediatrics, including multiple pediatric surgical subspecialties. Additionally, [REDACTED] operates a fully dedicated Pediatric Emergency Room, which is staffed twenty-four/seven (24/7) with pediatric fellowship trained emergency room providers. Pediatric mental health services are offered via the [REDACTED] for Children and Adolescents [REDACTED] which provides inpatient hospitalization for children experiencing mental health emergencies; through the intensive hospital-based day treatment offered via the [REDACTED] (elementary school-aged children); and through the [REDACTED] (adolescents) that provides a comprehensive group counseling program to patients outside of the hospital setting.

[REDACTED] is proud to partner with [REDACTED] to care for the children in our region. We anticipate entering into a Memorandum of Understanding to formally memorialize the partnership being created before the end of the current year.

We are excited about our partnership with [REDACTED] and would be happy to answer any questions or concerns you may have regarding the same. If you have any further questions, please feel free to contact me at [REDACTED]

Sincerely,

[REDACTED]

Chief Administrative Officer

Telephone: [REDACTED]

Email: [REDACTED]

## Referral and follow-up policy

This referral and follow up example meets the documentation requirements for hospitalization, SUD treatment, as well as case management services. You can strengthen your referral and follow up policy documentation by adding information about the local service providers that you refer to.

Page 1 of 1

Subject: Referral & Follow-Up

Section: 200.6

Revised: 06/12/2023

Reference:

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### POLICY

██████████ will provide referral services to other community providers who can best accommodate the needs of the patient which includes but is not limited to psychiatric hospitalization, residential SUD treatment, mental health PHP & IOP programs, housing, financial assistance, and basic needs. Referrals will be provided consistent with the patient's unique financial and insurance needs to ensure that there are no barriers to the new service.

### Procedure

#### Referrals:

1. When a patient does not meet the eligibility criteria or the patient requests an alternative provider, they will be referred to other community resources. When referrals are made to other providers, the referrals will be made to qualified providers:
  - a) Without discrimination
  - b) In accordance with the eligibility criteria of the program the individual is referred to
  - c) At no additional cost to the consumer
2. Referrals to the appropriate mental health or substance use disorder provider will be made in a timely manner. The worker will assist the patient in obtaining the necessary information to accommodate obtaining the medically necessary services.
3. The patient's wishes and desires guide the referral process as long as the service is medically necessary and the receiving provider is appropriately qualified and has capacity.
4. The Behavioral Health Care Coordinator will assist the primary clinician in making the referrals within 3 working days via phone and fax.

#### Follow-Up:

1. When a patient is admitted to a higher level of care. The Behavioral Health Care Coordinator and/or Clinician will contact the individual assigned to the patients care for updates and tentative discharge dates.
2. Upon notification of discharge dates, BBH staff will ensure that appointments are scheduled within 5 business days of the discharge date.
3. For all other services, the Behavioral Health Care Coordinator will ensure that the receiving provider received the referral.

## Other Documentation for off-site services

This example below demonstrates that the site applying for NHSC approval is part of the same system as two other locations that provides inpatient services that their clients have access to. Sites can provide similar documentation for services that are offered off-site through affiliation/contract.


[REDACTED]

Date: October 10, 2023  
To: National Health Service Corps  
From: [REDACTED]  
Re: Behavioral Services Checklist

This memo is in regard to the [REDACTED] site located at [REDACTED]  
[REDACTED] owns and operates adult [REDACTED]  
facilities located at [REDACTED]  
[REDACTED] and a child and youth Evaluation and  
Treatment facility located at [REDACTED] These  
facilities provide inpatient services to clients from the [REDACTED] community as  
needed.

If additional information is needed, I can be reached at [REDACTED]

[REDACTED]



DELIVERING INNOVATIVE HEALTHCARE