

APPENDIX E: NHSC Comprehensive Behavioral Health Services Checklist

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Form Approved
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NHSC COMPREHENSIVE BEHAVIORAL HEALTH SERVICES CHECKLIST

Attach all signed affiliation agreements for any service elements not provided on-site.

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

Site Name _____

Address _____

Section I. Core Comprehensive Behavioral Health Service Elements

The following three sets of services *must* be provided on-site; these services cannot be offered through affiliation.

Service	Provided On-site	
	(Select One)	
	Yes	No
<p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>



Section II. Additional Comprehensive Behavioral Health Service Elements

The following five sets of services *may* be provided on-site or through formal affiliation. Signed affiliation agreements must be uploaded to the [BHW Customer Service Portal](#) for any services not provided on-site.

Service	Provided On-site	
	(Select One)	
	Yes	No
<p>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).</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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>).</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>a. Psychiatric Medication Prescribing and Management</p> <p>b. Substance Use Disorder Treatment</p> <p>c. Short/long-term hospitalization</p> <p>d. Other (Please list)</p> <p>e. Other (Please list)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<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>	<input type="checkbox"/>	<input type="checkbox"/>
<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</p>	<input type="checkbox"/>	<input type="checkbox"/>



health distress, to determine treatment approach(s), and to improve patient		
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.	<input type="checkbox"/>	<input type="checkbox"/>

Section III. Affiliation Agreements for Off-Site Behavioral Health Services

For *each* of the services under Section II that are provided off-site, a formal affiliation agreement(s) must be uploaded to the [BHW Customer Service Portal](#). Under this section, the NHSC-approved site must provide basic information for each entity with which a formal affiliation is in place.

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

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
<p>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).</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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).</p>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>

