



LRP COMPREHENSIVE BEHAVIORAL HEALTH SERVICES CHECKLIST

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

Name of Site _____

Address _____

Section I. Core Comprehensive Behavioral Health Service Elements		Provided Onsite (Select One)	
The following three sets of services <i>must</i> be provided onsite; these services cannot be offered through affiliation.		Yes	No
1.	Screening and Assessment: <i>Screening</i> is the <u>practice</u> 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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Care Coordination: <i>Care Coordination</i> is the practice of navigating and integrating the efforts primary care, specialty health care and social service provides to support a patient's health, wellness and independence.	<input type="checkbox"/>	<input type="checkbox"/>

Section II. Additional Comprehensive Behavioral Health Service Elements		Provided Onsite (Select One)	
The following five sets of services <i>may</i> be provided onsite or through formal affiliation. Affiliation agreements for any services not provided onsite must be identified in Section III.		Yes	No
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).	<input type="checkbox"/>	<input type="checkbox"/>
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 (e.g., individual, family, and group psychotherapy/counseling; psychopharmacology; and short/long-term hospitalization).	<input type="checkbox"/>	<input type="checkbox"/>

Section II. Additional Comprehensive Behavioral Health Service Elements (Cont'd)		Provided Onsite (Select One)	
		Yes	No
a.	Psychiatric Medication Prescribing and Management	<input type="checkbox"/>	<input type="checkbox"/>
b.	Substance Use Disorder Treatment	<input type="checkbox"/>	<input type="checkbox"/>
c.	Short/long-term hospitalization	<input type="checkbox"/>	<input type="checkbox"/>
d.	Other (Please list) _____	<input type="checkbox"/>	<input type="checkbox"/>
e.	Other (Please list) _____	<input type="checkbox"/>	<input type="checkbox"/>
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). (Note: generic hotline, hospital emergency room referral, or 911 is not sufficient).	<input type="checkbox"/>	<input type="checkbox"/>
4.	Consultative Services: The practice of collaborating with health care and other social service providers (e.g., education, child welfare, and housing) to identify the biological, psychological, medical and social causes of behavioral health distress, to determine treatment approach(s), and to improve patient functioning.	<input type="checkbox"/>	<input type="checkbox"/>
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 identified here. Under this section, the LRP-approved site must provide basic information for each entity with which a formal affiliation is in place.

<p>Affiliated Entity:</p> <hr/> <p>Address:</p> <hr/> <p>Services Covered Under Affiliation:</p> <hr/> <p>Date Affiliation Agreement Executed:</p> <hr/> <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 Entity:</p> <hr/> <p>Address:</p> <hr/> <p>Services Covered Under Affiliation:</p> <hr/> <p>Date Affiliation Agreement Executed:</p> <hr/> <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>
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<p>Section IV. Certification of Compliance with Behavioral Health Clinical Practice Requirements</p> <p>Certify that the behavioral health site adheres to the clinical practice requirements for behavioral health providers under the LRP and supports LRP participants in meeting their obligation related to the clinical practice requirements.</p>	<p>Site Meets</p> <p>Criteria</p> <p>(Select One)</p> <p>Yes No</p>		
<p>Fulltime: The site offers employment opportunities that adhere to the LRP 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 48 weeks/service year. At least 32 hours/week are spent providing patient care at the approved service site(s). Up to eight hours/week may be spent providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s) or performing clinical-related administrative activities.</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"> <input style="width: 40px; height: 20px; background-color: #cccccc;" type="checkbox"/> </td> <td style="width: 50%; text-align: center; border: none;"> <input style="width: 40px; height: 20px; background-color: #cccccc;" type="checkbox"/> </td> </tr> </table>	<input style="width: 40px; height: 20px; background-color: #cccccc;" type="checkbox"/>	<input style="width: 40px; height: 20px; background-color: #cccccc;" type="checkbox"/>
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Section IV. Certification of Compliance with Behavioral Health Clinical Practice Requirements (Con'td)	Site Meets Criteria (Select One) Yes No	
Half-time: The site offers employment opportunities that adhere to the LRPC definition of half-time clinical practice. Half-time clinical practice for behavioral health providers means a minimum of 20 hours/week, for a minimum of 48 weeks/service year. At least 16 hours/week are spent providing patient care at the approved service site(s). Up to four hours/week may be spent providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s) or performing clinical-related administrative activities.	<input type="checkbox"/>	<input type="checkbox"/>

Section V. Site Certification:	
By signing below, the LRP Site Administrator is 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 LRP.	
_____ Signature	_____ Date

OFFICIAL LRP USE ONLY		
Recommended By:	<input type="checkbox"/> Certified	<input type="checkbox"/> Not Certified
Comments: 		