

# Certified Community Behavioral Health Clinic Certification Questionnaire

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## About

## Quick start guide

**▲ To complete this questionnaire: Save it to your computer and open it in Acrobat. Do not use a web browser.**

### Quick start guide purpose

This guide explains how organizations can complete and submit the Certification Questionnaire to obtain certification as a Washington State Certified Community Behavioral Health Organization (CCBHC) for service year 2027. The CCBHC program is authorized federally under Section 223 of the Protecting Access to Medicare Act of 2014 (PAMA) (42 U.S.C. § 1396a note).

### Who should apply

Community behavioral health providers that meet - or can meet - CCBHC criteria in accordance with RCW 71.24 and federal PAMA authority are encouraged to complete the Certification Questionnaire.

### Certification process

The Washington State Health Care Authority (HCA) anticipates selecting **up to ten** Certified Community Behavioral Health Clinics (CCBHCs) for the **first certification** cohort under Washington's implementation of the federal CCBHC Demonstration. This initial target reflects current planning assumptions and is subject to change based on available funding, clinic-specific Prospective Payment System (PPS-1) rate development, and system readiness. Selected clinics will receive provisional certification in October 2025, with full certification effective January 1, 2027. Clinics must be recertified every three years. Both the first and any subsequent cohorts are contingent on receiving a federal demonstration, available federal and state funds (all dates subject to change and HCA will notify respondents if changes occur).

**Certification is competitive.** Submission of a Certification Questionnaire does not guarantee selection. All respondents will be evaluated for alignment with federal and state CCBHC criteria, organizational readiness, cost-reporting readiness, geographic distribution, and demonstrated capacity to meet the needs of high-priority populations.

Respondents selected for the first cohort will receive **provisional certification in mid-October 2025**, to support planning and preparatory activities such as cost report submission, technical assistance, and systems alignment. **Official certification will begin on January 1, 2027**, which serves as the go-live date for the Demonstration, dependent on state and federal funding.

HCA may issue updated Certification Questionnaires in future years for subsequent cohorts of respondents. Clinics not selected for the first cohort are welcome to **submit a Certification Questionnaire in a future cohort opportunity**, subject to funding availability and program expansion.

**Certified clinics will be required to recertify every three years** to maintain their status. Updated materials, including revised Certification Questionnaires, will be issued as part of the recertification process.

The CCBHC initiative is contingent upon the availability of state and federal funding. If funds are not allocated to continue implementation in a future period, HCA may terminate any associated agreements by written notice. HCA will notify affected parties of any funding changes at the earliest possible time.

HCA is committed to a transparent, equitable certification process and will provide timely updates throughout each phase of implementation.

### Training and assistance

Live technical-assistance (TA) webinars, virtual listening sessions, and recordings will be posted at [hca.wa.gov/billers-providers-partners/program-information-providers/certified-community-behavioral-health-clinics](https://hca.wa.gov/billers-providers-partners/program-information-providers/certified-community-behavioral-health-clinics) beginning August 2025.

### Submission instructions

Submit via email to [hcaccbhc@hca.wa.gov](mailto:hcaccbhc@hca.wa.gov) by **Friday, September 26, 2025, 5:00 p.m.** Pacific Time.

Use the **subject line:** *CCBHC Certification Questionnaire - Organization Name.*

Name any **attachments** using the following convention: *Organization Name\_document title\_section title and section #.*

Your email must include:

- The completed Certification Questionnaire
- **Either** the Washington State CCBHC Pre-Certification Attestation Assessment and Plan (HCA Excel template provided) **OR** a single accreditation letter (NCQA pre-certification evidence or a comparable national accreditation letter, PDF up to 5 MB)
- A Community Needs Assessment completed within the past 3 years (PDF up to 10 MB)
- If you do not complete the staffing table in Section D, an optional Staffing Matrix (XLSX) and any applicable section attachment requests.

Send **one complete email only**; partial or multiple emails will be marked incomplete.

### Attachment checklist

#### 1. Required: Completed Certification Questionnaire

- Includes embedded narratives, attestations, and signatures
- Format: PDF

#### 2. Required: Accreditation evidence.

Choose **either** 2a **OR** 2b:

**2a. Preferred: WA State CCBHC Pre-Certification Attestation Assessment and Plan** (HCA Excel template provided). Format: XLSX

**2b. Accreditation letter** (NCQA pre-certification or comparable national accreditation). Format: PDF (max. 5 MB).

#### 3. Required: Community Needs Assessment

completed within the past 3 years

- Must reflect populations and service areas in the application in accordance with the **National Council for Mental Wellbeing's CNA toolkit**
- Format: PDF (max. 10 MB)

#### 4. Optional: Staffing Matrix

- Submit **only** if you do not complete the staffing table in Section D of the Certification Questionnaire
- Format: PDF

### RUCC and RUCA information

In your questionnaire, report the **Rural-Urban Continuum Code (RUCC) for the county** and the **Rural-Urban Commuting Area (RUCA) code for the census tract of every service site.**

RUCC shows how metropolitan or rural the county is, while RUCA adds commuting patterns that reveal rural pockets inside otherwise urban counties.

HCA uses these data to compare respondents on a common rurality scale, target technical assistance, inform PPS design, and monitor access for rural, frontier, and tribal communities. Using both codes lets us see the real geography of care, not just a county average (USDA ERS, 2013; HRSA, 2024).

**Rural Urban Continuum Code (RUCC) and Rural Urban Commuting Area (RUCA) lookup resources:**

- **RUCC county codes:** [ers.usda.gov/data-products/rural-urban-continuum-codes](https://ers.usda.gov/data-products/rural-urban-continuum-codes)
- **RUCA ZIP code approximation:** [depts.washington.edu/uwruca/](https://depts.washington.edu/uwruca/)

## Key dates\*

### Week of August 11, 2025

Notice and Certification Questionnaire posted

### August 11, 2025, 1:00 p.m. PT

Provider Meeting Listening Session (virtual)

### August 26, 2025, 5:00 p.m. PT

Deadline to submit clarifying questions to HCA regarding the Questionnaire

### September 26, 2025, 5:00 p.m. PT

Certification Questionnaire due

### October 13, 2025, 5:00 p.m. PT

Provisional certification notices

### January 12, 2026

Provide draft cost report to HCA

### March 31, 2026

Provide final cost report to HCA

### January 1, 2027

Certification effective start (go-live)

\* Dates are subject to change at the convenience of HCA.

## Questions

Email [hcacbh@hca.wa.gov](mailto:hcacbh@hca.wa.gov) or call 360-725-5230 during office hours (Tuesday and Thursday, 1-3 p.m. PT).

## Acknowledgements

The Division of Behavioral Health and Recovery (DBHR) thanks our partners across Washington for their commitment to Certified Community Behavioral Health Clinics (CCBHCs). We recognize the Tribal Nations and Urban Indian health leaders who guided culturally responsive design, the Washington Council for Behavioral Health and provider organizations that shared operational insights, Milliman LLC for technical and actuarial expertise, and community members with lived experience whose perspectives kept equity at the center of every decision. Your collaboration strengthens our collective capacity to deliver integrative and comprehensive, trauma responsive behavioral health services statewide.

**A1. Legal entity**

Legal entity name (primary site)

Primary address

National Provider Identifier (NPI)

Employer Identification Number (EIN)

Medicaid provider number

**A2. Counties and Tribes served: Catchment population narrative**

List all Washington counties and federally recognized Tribes your organization serves and describe the estimated catchment population size (max 1450 words).

**Service site roster**

Include additional sites as an attachment if multiple sites will serve as CCBHCs.

Site name

Street address

City

Zip code

RUCC (1-9)

RUCA (1-10) NPI (if unique)

Medicaid provider number (if unique)

Service hours (optional)

**A3. Organizational structure and governance**

Describe your governing body, including Tribal and consumer representation, and attach governance chart.

**B1. Compliance with SAMHSA nine service domains**

Does your organization directly provide, or have formal agreements to provide, all nine SAMHSA CCBHC core service domains?

Yes

No

By Jan. 1, 2027

Please provide a narrative explanation for your selection (max. 1450 words).

## B2. Acceptance of individuals regardless of ability to pay

The organization must provide services regardless of an individual's insurance status or ability to pay, consistent with a published sliding fee policy.

Yes                  No                  By Jan. 1, 2027

Describe below or attach policy (max 150 words).

## B3. Agreement to report quality measures

Do you agree to report required CCBHC quality measures using SAMHSA's SPARS platform and Health Care Authority (HCA) data extracts?

Yes                  No                  By Jan. 1, 2027

If no, explain (max. 150 words).

## B4. CCBHC eligibility and compliance attestation checklist

Organization name

The authorized representative must complete this checklist. All items must be **Yes** to be eligible for certification.

### 1. Organization provides (directly or via DCO) all nine SAMHSA CCBHC service domains.

Yes                  No

### 2. Organization accepts individuals regardless of ability to pay and uses a sliding fee schedule.

Yes                  No

### 3. Organization will not deny services based on residence outside the catchment area or current/previous services at another facility.

Yes                  No

### 4. Organization uses or is implementing evidence based practices appropriate to target populations.

Yes                  No

### 5. Organization agrees to collect and report SAMHSA CCBHC quality measures via SPARS and HCA extracts.

Yes                  No

6. **Governance board includes at least 51% community representation and meaningful consumer/family input.**

Yes      No

7. **Organization maintains formal care coordination agreements with key partners (primary care, hospitals, crisis hub).**

Yes      No

8. **Organization has policies for cultural competence and trauma informed care.**

Yes      No

9. **Organization will complete the state cost report template when available and attend cost report TA sessions.**

Yes      No

10. **Organization will permit HCA audits, site visits, and data validation reviews.**

Yes      No

### **B5. Cost reporting readiness**

Describe your organization's process (or anticipated process) for tracking and allocating costs and visits.

What is your organization's experience and/or understanding of cost allocation processes?

Who will be responsible for compiling your organization's cost reporting data?

My organization      An outside contractor

What resources and expertise do your organization have access to in order to address any complex cost reporting issues that may arise?



Describe the software and Electronic Health Record (EHR) your organization has in place, or plans to have in place, to support cost reporting (i.e. reporting appropriate allocation of costs and number of qualifying visits by provider type)?

Has your organization reviewed the available information from SAMHSA related to CCBHC cost reporting?

Yes                  No

How has your organization prepared, or how does it plan to prepare, to submit a cost report and audited financial statements with quick turnaround times?

Does your organization submit a cost report for any other line of business you provide?

Yes                  No

If yes, please describe.

**⚠ To sign digitally: Click the "Signature" field. Do **not** use the "Fill & Sign" function.**

Authorized representative name (print)

Title

Email

Phone

Signature

Date

## Section B attachment checklist

Sliding fee policy document (if applicable)

List of DCO agreements covering nine service domains (if applicable)

### C

## Access, availability, and populations served

### C1. Operating hours

Does the organization provide services during extended hours (early mornings, evenings, or weekends) to accommodate diverse schedules?

Yes

No

By Jan. 1, 2027

Describe your current and planned service hours (max.150 words).

### C2. 24/7 crisis response

Does the organization offer 24/7 crisis intervention services in coordination with the regional 988 hub?

Yes

No

By Jan. 1, 2027

If no or by Jan. 1, 2027, outline how crisis services will be provided (max.150 words).

### C3. Populations served

Check all focus populations your organization is prepared to serve upon certification:

Adults with serious mental illness (SMI)

Children/adolescents with serious emotional disturbance (SED)

Individuals with substance use disorder (SUD)

Co-occurring mental health and substance use disorders

Military veterans and service members

Other, describe:

### C4. Language and cultural access

Does the organization provide language interpretation and culturally appropriate services for non-English-speaking populations?

Yes

No

By Jan. 1, 2027

Briefly describe language services or plan (max. 150 words).

### **C5. Telehealth capability**

Does the organization provide telehealth services compliant with Washington Medicaid requirements?

Yes                  No                  By Jan. 1, 2027

If no or by Jan 1, 2027, outline telehealth implementation plan (max. 150 words).

**Continued on next page.**

## **C6. Rurality summary**

Based on the RUCC and RUCA codes provided in section A, describe any rural areas that you serve, summarize any anticipated access challenges and mitigation strategies (max. 1450 words).

## **Section C attachments checklist**

Operating hours schedule (required)

MOU or contract with regional 988 hub or crisis provider (if applicable)

Language access policy (if applicable)

Telehealth policy or procedures (if applicable)

Service area map highlighting sites and RUCA/RUCC codes (required)

**D1. Current staffing matrix**

Fill in the fields for current staff roles below **OR** attach your organization's current staffing matrix. Please do **not** report on additional staff anticipated as a result of CCBHC.

If not filling in the fields for section D1 below: I have attached my organization's staffing matrix.

**1. Role/position**

Service domain(s) covered

FTE

License/credential

Primary service site

Funding source

Peer or CHW      Yes      No

**2. Role/position**

Service domain(s) covered

FTE

License/credential

Primary service site

Funding source

Peer or CHW      Yes      No

**3. Role/position**

Service domain(s) covered

FTE

License/credential

Primary service site

Funding source

Peer or CHW      Yes      No

**4. Role/position**

Service domain(s) covered

FTE

License/credential

Primary service site

Funding source

Peer or CHW      Yes      No

**5. Role/position**

Service domain(s) covered

FTE

License/credential

Primary service site

Funding source

Peer or CHW      Yes      No

## **D2. Cultural and linguistic competence plan**

Does your organization maintain and regularly update a Cultural and Linguistic Competence Plan that is aligned with the CLAS Standards and used to inform service delivery, workforce development, and partner engagement?

Yes

No

By Jan. 1, 2027

Describe plan or attach policy (max.1450 words).

### **D3. Peer workforce integration**

Does your organization currently integrate or have plans to integrate Certified Peer Counselors (CPCs), Community Peer Counselor, Recovery Coach's, Youth Peers, Parent Peers, Certified Peer Support Specialists (CPSSs), Agency-Specific Peer Roles and other specialized Peer roles?

Yes

No

By Jan. 1, 2027

Outline current or planned use of Certified Peer Counselors. Please highlight Community Health Aide (CHAs), Behavioral Health Aide (BHAs) in tribal and rural contexts (max.1450 words).

### **Section D attachments checklist**

Staffing matrix (if fields for section D1 are left blank)

Cultural and linguistic competence plan (if applicable)

Peer workforce integration plan or job descriptions (if applicable)

**E1. Memoranda of Understanding (MOUs) with key partners**

Indicate whether your organization has a current MOU or contract with each partner type.

Primary care provider	Yes	No	By Jan. 1, 2027
FQHC	Yes	No	By Jan. 1, 2027
Local hospital or psychiatric inpatient unit	Yes	No	By Jan. 1, 2027
Regional 988 / crisis hub	Yes	No	By Jan. 1, 2027
Veterans services (e.g., WDVA)	Yes	No	By Jan. 1, 2027
Tribal health organization (if applicable)	Yes	No	By Jan. 1, 2027

If any partner response is no or by Jan 1, 2027, briefly describe the plan to establish formal coordination or why it is not applicable (max. 250 words).

**E2. Integrative referral process**

Does your organization have a formalized, bidirectional referral process to coordinate care with external primary care and specialty providers when those services are not provided directly by your clinic?

Yes      No      By Jan. 1, 2027

If yes, please describe how the referral process is documented, monitored and followed up on to ensure care coordination and continuity. Include whether you use data-sharing agreements, care team communication protocols, or shared care planning.



## Section E attachments checklist

MOUs with listed partners (if available)

Integrative referral process workflow or policy (required)

Referral tracking sample report (optional)

**F**

## Quality and reporting infrastructure

### F1. Current Electronic Health Record (EHR) platform

EHR vendor/product name

Version (if known)

### F2. Data exchange standards supported

Check all standards your organization currently supports:

HL7 v2

FHIR

X12

Direct secure messaging

None

Other, specify:

### F3. Integration strengths and challenges

Identify up to three features of your current EHR that will make integrating CCBHC requirements easier (pros) and up to three that may pose challenges (cons).

Pro:

Pro:

Pro:

Con:

Con:

Con:

### F4. Electronic Health Record interest

Would your organization be interested in participating in a state-backed EHR system?

Very likely

Somewhat likely

Unsure

Unlikely

Briefly explain your selection (max. 100 words).

### F5. Quality-measure reporting

Is your organization currently ready for SAMHSA mandatory Quality-Measure reporting? Please review the [Introducing Quality Measurement for Certified Community Behavioral Health Organizations \(CCBHCs\) and CCBHC-PDIs and CCBHC-IAs](#) information and then make a selection below.

Yes      No      By Jan. 1, 2027

If no or by Jan 1, 2027, outline plan to achieve readiness. If yes, explain your confidence level in how your organization is ready to be a CCBHC.

### F6. Care coordination tracking capability

Does your organization use an electronic or manual system to document referrals, monitor follow-up, and support ongoing care coordination across behavioral health, physical health, and social service providers?

Yes      No      By Jan. 1, 2027

If yes, briefly describe the system(s) or tools used (e.g., EHR modules, care coordination platforms, spreadsheets), how referrals are tracked and closed, and how information is shared across providers or care teams.

### Section F attachments checklist

- Sample care coordination tracking report (if available)
- Data-exchange interface diagram (if applicable or available)
- Sample quality-measure output (if available)

**G1. Commitment to complete cost-report template**

Does your organization commit to completing the Washington State CCBHC Cost Report Template in full, including submission of all required supporting documentation, by the deadline established by the Health Care Authority (HCA)?

Yes      No

**G2. Attendance at cost-report technical assistance sessions**

Does your organization commit to attending all offered virtual cost report technical assistance sessions provided by the Health Care Authority (HCA) or its designee?

Yes      No

If no, please briefly explain any potential barriers to participation (required). If yes, list name, titles, and emails of staff who would like to be invited (optional).

**G3. Historical financial snapshot (optional)**

Did your organization complete the HCA Financial Information Report (FIR) in 2024?

Yes      No

If yes, skip to G4. If no, complete the snapshot below: Provide the following figures if readily available.

**Fiscal year CY 2024 (audited)**

Total operating expenses

Total operating revenue

**Fiscal year CY 2025 (year-to-date)**

Total operating expenses

Total operating revenue

**G4. Ability to segregate CCBHC costs**

Does your organization's accounting system currently support the segregation of CCBHC-specific costs from other organizational costs, or do you have a plan in place to implement this capability prior to cost report submission?

Yes      No      When available

Describe accounting system capabilities or planned changes (max. 250 words).

Washington Health Care Authority recognizes Tribal Nations as sovereign governments and honors government-to-government consultation principles in all Certified Community Behavioral Health Organization activities.

Attach your Community Needs Assessment (CNA), completed within the past three years, as a separate PDF file using the file name: *Organization Name\_CCBHC CNA\_H*.

Follow the [SAMHSA CCBHC CNA Toolkit](#) when preparing your CNA.

### **H1. CNA attachment confirmation**

I have attached a CNA that is less than 3 years old.

Yes      No

If no, explain status and expected submission date (max. 100 words).

### **H2. Required CNA components checklist**

Service area boundaries and delivery sites (including DCOs)

Prevalence of mental health and substance use conditions (e.g., suicide, overdose)

Cultural, linguistic, and socioeconomic factors (transportation, income, language, culture)

Existing services and identified service gaps

Staffing needs aligned to population demand

Community and partner input (consumers, Tribal Nations, veteran groups)

### **H3. Identified priority needs and planned responses (in order of need)**

(max. 75 words each)

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

#### **H4. Tribal consultation or engagement status**

Is your organization actively engaged in Tribal Consultation for CCBHC services?

Yes (consultation protocol or MOU in place)

No

When available

If no or when available, describe outreach plan, consultation protocol, and timeline (max. 150 words).

## **H5. Ensuring broad access to integrated, evidence-based services**

Describe how your CCBHC will ensure integrated, evidence-based behavioral health services are accessible to all who need them, with emphasis on vulnerable and underserved groups. Address outreach, engagement, and barrier-removal strategies (max. 1450 words).

## **H6. Tailored services for priority populations**

Summarize CNA-identified needs, tailored strategies, and evidence-based practices for each population. Include developmentally appropriate approaches for children/youth and culturally competent, trauma-informed care.

### **Members of Tribal Nations (AI/AN)**

Key needs

Tailored strategies and services

Evidence-based practices and partners

### **Veterans and military service members**

Key needs

Tailored strategies and services

Evidence-based practices and partners

## **Children and adolescents with SED**

Key needs

Tailored strategies and services

Evidence-based practices and partners

## **Youth and families**

Key needs

Tailored strategies and services

Evidence-based practices and partners



## **Adults with Serious Mental Illness (SMI)**

Key needs

Tailored strategies and services

Evidence-based practices and partners

## **Individuals with Substance Use Disorder (SUD)**

Key needs

Tailored strategies and services

Evidence-based practices and partners

**Individuals with co-occurring mental, substance use, or physical health disorders**

Key needs

Tailored strategies and services

Evidence-based practices and partners

**Underserved racial, ethnic, or cultural groups**

Key needs

Tailored strategies and services

Evidence-based practices and partners

## H7. Cultural competence and trauma-informed care

Explain training, supervision, and partnership activities that ensure services are culturally competent and trauma-informed (max. 200 words).

I

### Intentionally left blank

This section is intentionally omitted. Skip to section J.

J

### Certification agreement and final checklist

#### J1. Certification statement

I certify that all information provided in this Certification Questionnaire and the attached Community Needs Assessment is true, complete, and accurate to the best of my knowledge. I agree that the Washington State Health Care Authority (HCA) may conduct audits, site visits, and document reviews to verify compliance with CCBHC certification standards.

I further acknowledge that submission of this Certification Questionnaire does not guarantee certification; all requirements must be met and verified by HCA.

**⚠ To sign digitally: Click the "Signature" field. Do not use the "Fill & Sign" function.**

Authorized representative name (print)

Title

Email

Phone

Signature

Date

#### Final submission checklist

Section A – General Information completed

Section B – Governance and Administrative  
Capacity completed

Section C – Access, Availability, and Populations  
Served completed

Section D – Staffing and Workforce completed

Section E – Care Coordination completed

Section F – Quality and Reporting  
Infrastructure completed

Section G – Financial Readiness completed

Section H – CNA and Priority Populations completed

Complete CNA (less than 3 years old) attached

All additional files named per guidance and included  
in the submission email

## ✔ How to submit your questionnaire

Submit the signed Certification Questionnaire and all referenced attachments to [hcacbbhc@hca.wa.gov](mailto:hcacbbhc@hca.wa.gov) with the subject line “CCBHC Certification Questionnaire – Organization Name”.

## Appendix

## References - Washington state CCBHC Certification

### 1. Federal authorities and guidance

- Protecting Access to Medicare Act of 2014 (PAMA), Section 223 (42 U.S.C. § 1396a note)
- SAMHSA CCBHC Criteria (2015, updated 2022)
- SAMHSA CCBHC Planning Grant FOA (SM-23-024)

### 2. SAMHSA CCBHC service domains

- Crisis services (24/7)
- Screening, assessment, and diagnosis
- Person- and family-centered treatment planning
- Outpatient MH and SUD services
- Primary care screening and monitoring
- Care coordination
- Psychiatric rehabilitation services
- Peer, family support, and counselor services
- Targeted case management

### 3. PPS-1 state comparison examples

State	Citation	Decertification triggers
Nevada	Medicaid Services Manual Ch. 2703	Non-compliance > 180 days; quality failure 2 years
New York	14 NYCRR § 599	Loss of OMH/OASAS license; missing cost report
Oregon	OAR 409-062; 309-009	Fraud; failure to meet benchmarks

### 4. Evaluation rubric overview

There are a maximum of 170 points. Successful pre-certification candidates will receive at least 136 points.

Section	Max. points	Critical elements
A. General	10	All fields complete
B. Governance	25	Attestation checklist; Board composition
C. Access	25	Operating hours; Crisis response
D. Staffing	20	Staffing matrix; Cultural competence
E. Care Coordination	25	Referral workflow; MOUs
F. Quality and reporting	25	EHR standards; Quality measure readiness
G. Financial	15	Cost-report commitment
H. CNA and populations	25	CNA; Priority strategies

### 5. Decertification process summary

CCBHC Rules will provide more detail in the following summary:

- Notice of deficiency issued by HCA (30-day response period)
- Organization submits a Corrective Action Plan (CAP)
- HCA reviews CAP and may conduct verification visit
- If deficiencies remain, provisional suspension issued (up to 60 days)
- Final decertification decision issued with appeal rights

### 6. Glossary and acronyms

AI/AN – American Indian / Alaska Native

CNA – Community Needs Assessment

DCO – Designated Collaborating Organization

FQHC – Federally Qualified Health Center

RUCC – Rural-Urban Continuum Code

RUCA – Rural-Urban Commuting Area code

SED – Serious Emotional Disturbance

SMI – Serious Mental Illness

SUD – Substance Use Disorder