COVERED SERVICES

Core Services

The Certified Community Behavioral Health Clinic (CCBHC) is responsible for ensuring access to the following required services, whether delivered directly or through a Designated Collaborating Organization (DCO), if permitted:

1. Crisis services;
2. Screening, assessment, and diagnostic evaluations;
3. Person-centered and family-centered treatment planning;
4. Outpatient mental health and substance use services;
5. Outpatient primary care screening and monitoring;
6. Targeted case management (TCM);
7. Psychiatric rehabilitation;
8. Peer and family supports; and
9. Intensive community-based outpatient behavioral health care for clients of the U.S. Armed Forces and veterans.

The CCBHC shall ensure all services are provided in a manner that:

1. Reflect person-centered and family-centered and recovery-oriented care;
2. Allow the individual to have freedom to choose providers within the CCBHC and its DCOs; and
3. Are both respectful of the needs, preferences, and values of the person receiving CCBHC services.

General Service Provisions

The CCBHC services not available directly through the CCBHC, must be provided through a DCO. Each service is noted as being delivered by the CCBHC or if a DCO is allowed.

The majority (51 percent or more) of encounters across the required services (excluding Crisis Services) must be directly delivered by the CCBHC rather than through DCOs.

Appointments must occur within 10 business days from when the request for appointment is made for all individuals who are already receiving services from the CCBHC and seeking routine outpatient clinical service. The following are exceptions:

1. If a client presents with an emergency or crisis, the CCBHC shall take appropriate and immediate action that is consistent with the needs of the client. This response shall include immediate crisis response; and

2. If a client presents with an urgent, non-emergency need, clinical services must be provided within one business day of the request, or at a later time if that is the preference of the client.

The CCBHC shall provide the following interventions:

1. Suicide prevention and intervention;

2. Services capable of addressing substance use including those at risk of drug and alcohol related overdose;

3. Support following a non-fatal overdose after the individual is medically stable; and

4. Overdose prevention activities including access to naloxone for overdose reversal to individuals who are at risk of opioid overdose, and as appropriate, to their family members.

The CCBHC or its DCO crisis care provider shall offer developmentally appropriate responses, sensitive de-escalation supports, and connections to ongoing care, when needed.

The CCBHC shall educate clients served by the CCBHC about the following:

1. Crisis planning;

2. Psychiatric advanced directives;

3. How to access crisis services, including the 988 Suicide & Crisis Lifeline, state sanctioned Crisis Hub, and other area hotlines and warm lines; and

4. Overdose prevention.

This includes individuals with limited English proficiency (LEP) or disabilities (i.e., CCBHC provides instructions on how to access services in the appropriate methods, language(s), and literacy levels).

Crisis Services

The CCBHC shall ensure Louisiana Crisis Response System (LA-CRS) services are available and accessible. The CCBHC shall have policies or procedures requiring communication to the public of the methods for providing a continuum of crisis prevention, response, and postvention services.

The CCBHC shall have an established protocol specifying the role of law enforcement (LE) during the provision of crisis services. Protocols, including those for the involvement of law enforcement, are in place to reduce delays for initiating services during and following a behavioral health crisis. Shared protocols are designed to maximize the delivery of recovery-oriented treatment and services. The protocols should minimize contact with LE and the criminal justice system, while promoting individual and public safety, and complying with applicable state and local laws and regulations.

As a part of the requirement to provide training related to trauma-informed care, the CCBHC shall specifically focus on the application of trauma-informed approaches during crises.

The CCBHC shall create, maintain, and follow crisis plans to prevent and de-escalate future crisis situations, in conjunction with the client, following a psychiatric emergency or crisis.

Emergency Crisis Intervention Services

The Crisis Hub serves as the state air traffic control (ATC) for the LA-CRS. ATC systems provide quality coordination of crisis care in real-time as well as service capacity registries as appropriate. Quality coordination means that protocols have been established to monitor the outcomes of Crisis Hub referrals to the CCBHC or its DCO crisis care provider to ensure the timely delivery of mobile crisis team dispatch, crisis walk in admission, and post crisis follow-up care.

CCBHCs shall enter into a DCO agreement with the state-sanctioned Crisis Hub entity operating a 24/7 telephonic, text, and chat call center, which meets 988 Suicide and Crisis Lifeline Suicide

Safety Policy for risk assessment and engagement of individuals at imminent risk of suicide. (See Appendix A).

In the event there is no state-sanctioned Crisis Hub, the CCBHC shall provide or coordinate with telephonic, text, and chat crisis intervention call centers that meet 988 Suicide and Crisis Lifeline standards for risk assessment and engagement of individuals at imminent risk of suicide.

Mobile Crisis Response

The CCBHC shall provide mobile crisis services through a DCO agreement with the existing state-sanctioned LA-CRS provider(s) for the CCBHC's geographic service area unless the CCBHC is a state-sanctioned LA-CRS provider. If an LA-CRS provider is not available in the geographic service area, then the CCBHC must apply to be a state-sanctioned LA-CRS provider. Mobile crisis response (MCR) services must meet all general crisis response, common components, and MCR requirements outlined in the Medicaid BHSP manual, Section 2.3 Crisis Response Services (CRS).

Adult Crisis Walk-In Services

The CCBHC shall provide adult crisis walk-in services that include at minimum, walk-in mental health and substance use disorder (SUD) services for voluntary individuals. Walk-in services identify the individual's immediate needs, de-escalate the crisis, and connect them to a safe setting for ongoing care that shall be provided in the least restrictive setting possible (including care provided by the CCBHC).

Adult crisis walk-in services should ideally be available 24 hours per day, seven days a week though specific walk-in hours are informed by the community needs assessment and shall include evening hours that are publicly posted. The CCBHC shall have a goal of expanding the hours of operation as much as possible.

Preferably, these services are available to individuals of any level of acuity. Offering the highest acuity level of crisis care in a CCBHC facility is optional. Services shall be available to individuals regardless of whether individuals present on their own, with a concerned individual, such as a family member, or with a human service worker, and/or law enforcement, in accordance with state and local laws.

For adult crisis walk-in services, the State of Louisiana utilizes Behavioral Health Crisis Care (BHCC) Centers and this is considered the best practice for statewide implementation of services. As such, the CCBHC is encouraged to provide crisis walk-in services in accordance with state standards for the provision of BHCC, including alignment with the Medicaid Behavioral Health Services Provider (BHSP) Manual, Section 2.3 Crisis Response Services.

Recognizing variability in availability of these services given Louisiana is in the early stages of LA-CRS implementation, operationalization of Adult Crisis Walk-In Services via the CCBHC will occur as follows:

1. If an LA-CRS BHCC provider is operable in the geographic service area, the CCBHC shall provide BHCC for individuals age 18 and older through a DCO agreement with the existing LA-CRS provider for the local area unless the CCBHC is a state-sanctioned LA-CRS provider:

    a. The CCBHC shall ensure a public posting of the availability of services via the existing state sanctioned LA-CRS BHCC provider, including how and where to access services.

2. If an LA-CRS BHCC provider is **NOT** operable in the geographic service area, the CCBHC shall implement adult walk-in services for individuals 18 and older in alignment with the following crisis standards:

    a. Screening, assessment, interventions, and care coordination as outlined in the general section of the Medicaid BHSP Manual, Section 2.3 CRS;

    b. Access to an registered nurse (RN) or licensed practical nurse (LPN) practicing within the scope of their license performing a medical screen to evaluate for medical stability as needed;

    c. Follow up to the client within 24 hours as appropriate and desired by the client and up to 72 hours to ensure continued stability post crisis for those not accessing higher levels of care or another crisis service, including but not limited to:

        i. Telephonic follow-up based on clinical individualized need; and

        ii. Additional calls/visits to the client following the crisis as indicated in order to stabilize the crisis. If the client indicates no further communication is desired, it must be documented in the client's record.

    d. Public posting of hours of availability for adult crisis walk in services:

        i. If not available 24/7, the publicly posted information about walk-in hours shall also include information directing individuals how to access crisis services available 24/7, such as through MCR services.

Additionally, the following shall occur if an LA-CRS BHCC provider is **NOT** operable in the covered geographic area:

1. The CCBHC staff responding to Adult Walk-In services will participate in the Louisiana Department of Health (LDH)-approved training. (See Appendix E);

2. The request for application for a BHCC provider in the geographic coverage area shall remain open;

3. The CCBHC must actively work with the Office of Behavioral Health (OBH), Louisiana State University Health Science Center (LSUHSC), local partners, community leaders, and coalitions to identify a qualified entity to operate as a state-sanctioned BHCC provider in the covered catchment area. This includes supporting the completion and submission of an application to render these services as well as relevant start up activities necessary for service implementation; and

4. Once a state-sanctioned BHCC provider is identified and has begun rendering services, the CCBHC shall transfer the operation of the adult crisis walk in service to that provider via a DCO agreement unless the CCBHC becomes the state-sanctioned BHCC provider.

Youth Crisis Walk-In Services

The CCBHC shall provide youth crisis walk-in services for individual's age 0-17, in alignment with the following crisis standards:

1. Screening, assessment, interventions, and care coordination as outlined in the general section of the CRS chapter of the Medicaid BHSP Manual, Section 2.3 Outpatient Crisis Services; and

2. Access to an RN or LPN practicing within the scope of their license performing a medical screen to evaluate for medical stability as needed; and

3. Follow up to the client and authorized client's caretaker and/or family within 24 hours as appropriate and desired by the client and up to 72 hours to ensure continued stability post crisis for those not accessing higher levels of care or another crisis service, including but not limited to:

    a. Telephonic follow-up based on clinical individualized need; and

b. Additional calls/visits to the client following the crisis as indicated in order to stabilize the crisis. If the client indicates no further communication is desired, it must be documented in the client's record.

Walk-in hours are informed by the community needs assessment and include evening hours that are publicly posted. The CCBHC should have a goal of expanding the hours of operation as much as possible.

When youth crisis walk-in services are not available 24/7, the publicly-posted information about walk-in hours shall also include information directing youth and families how to access crisis services available 24/7, such as through MCR services.

The CCBHC staff responding to youth walk-in services will participate in LDH-approved training. (See Appendix E).

Person-Centered and Family-Centered Treatment Planning

Person-centered and family-centered treatment planning shall be provided directly by the CCBHC. Treatment planning is a collaborative process directed by the client with the CCBHC treatment team, including the family/caregivers, to the extent the client desires their involvement or when they are legal guardians, and any other people the client desires to be involved in their care.

The CCBHC treatment team should consist of representatives from all of the recommended services in the assessment. The treatment team shall educate individuals on the comprehensive array of services available through the CCBHC and any DCO services relevant to their treatment within the CCBHC.

A treatment plan shall include all services provided by the CCBHC and its DCO that the client will be receiving. The treatment plan shall list all applicable staff involved in treatment. Treatment planning shall include needs, strengths, abilities, preferences, and goals expressed in a manner capturing the words or ideas of the client and, when appropriate, those of the family/caregiver of the client.

Treatment Plan Timelines

The treatment plan shall be:

1. Completed no more than 10 business days after the completion of comprehensive evaluation;

2. Updated when changes occur with the status of the client, based on responses to treatment, or when there are changes in treatment goals; and

3. Reviewed and updated no less frequently than every six months.

Components

The CCBHC shall develop an individualized treatment plan that:

1. Shall be based on information obtained through initial evaluation, comprehensive evaluation, and ongoing screening and assessment and the clients' goals and preferences;

2. Shall address the person's prevention, medical, and behavioral health needs;

3. Shall be developed in collaboration with and be endorsed by the client, their family (to the extent the client so wishes), and family/caregivers of youth and children or legal guardians;

4. Shall include, but is not limited to, risk assessment and crisis planning;

5. Shall be coordinated with staff or programs necessary to carry out the plan;

6. Shall support care in the least restrictive setting possible;

7. Shall use the shared decision-making model for the establishment of treatment planning goals; and

8. Shall contain all necessary releases of information to be included in the health record as a part of the development of the initial treatment plan.

Where appropriate, consultation shall be sought during treatment planning as needed (e.g. in cases of eating disorders, traumatic brain injury, intellectual and developmental disabilities (I/DD), interpersonal violence and human trafficking). The client's health record documents any advance directives related to treatment and crisis planning. If the client receiving services does not wish to share their preferences, that decision is documented.

Staff Qualifications

Allowed practitioners as detailed in the Medicaid BHSP Manual Section 2.3, Outpatient Therapy by Licensed Providers, shall complete the treatment plan.

Outpatient Behavioral Health Services

The CCBHC shall directly provide the following outpatient behavioral healthcare services:

1. Psychopharmacological treatment;

2. Licensed mental health professional (LMHP) services, including cognitive behavioral therapy;

3. American Society of Addiction Medicine (ASAM) levels 1.5 and 2.1;

4. Medication-Assisted Treatment (MAT), including buprenorphine products and naltrexone; and

5. Treatment of tobacco use.

The CCBHC must provide treatment and evidence-based services using best practices that are appropriate for the phase of life, development and level of functioning of the client and delivered by staff with specific training in treating the segment of the population being served. When treating older adults, the desires and functioning of the individual client shall be considered, and appropriate evidence-based treatments shall be provided. When treating individuals with developmental or other cognitive disabilities, level of functioning shall be considered, and appropriate evidence-based treatments shall be provided. When treating children and adolescents, CCBHCs shall provide evidenced-based services that are developmentally appropriate, youth-guided, and family/caregiver-driven. Supports for children and adolescents shall comprehensively address family/caregiver, school, medical, mental health, substance use, psychosocial, and environmental issues.

In the event specialized or more intensive services outside the expertise of the CCBHC are required for purposes of outpatient mental health and SUD treatment, the CCBHC makes them available through referral or other formal arrangement with other providers or, where necessary and appropriate, through use of telehealth, in alignment with state and federal laws and regulations.

The CCBHC shall ensure compliance with requirements as detailed in Section 2.3, Outpatient Services and in Section 2.4, Addiction Services of the Medicaid BHSP Manual for the provision of ASAM levels 1.5 and 2.1.

Required Evidence-Based Practices

The CCBHC shall provide these evidence-based practice (EBP) services directly or through a DCO for the following populations:

1. **Adult Population:**

   a. Assertive Community Treatment (ACT)*;

   b. Dialectical Behavior Therapy (DBT)*; and

   c. At least one EBP targeting trauma for adults:

      i. Seeking Safety;

      ii. Eye Movement Desensitization and Reprocessing (EMDR)*;

      iii. Cognitive Processing Therapy (CPT);

      iv. Prolonged Exposure Therapy (PET); or

      v. Other state-approved EBP targeting trauma for adults.

2. **Youth Population:**

   a. DBT*;

   b. At least one family-based EBP for adolescents delivered within the home and community:

      i. Functional Family Therapy (FFT)*;

      ii. Functional Family Therapy – Child Welfare (FFT-CW)*; or

      iii. Multi-systemic therapy (MST)*.

   c. At least one EBP targeting trauma from ages 6-18:

      i. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)*;

      ii. EMDR*; or

iii. Youth Post Traumatic Stress Disorder (PTSD) Treatment (YPT)*.

3. 0-5 population:

NOTE: The CCBHC shall provide these components of Early Childhood Supports and Services (ECSS), services directly or through a DCO with a regional ECSS provider.

a. At least one EBP for parent management training:

i. Parent-Child Interaction Therapy (PCIT)*; or

ii. Triple P Positive Parenting Program – Standard Level 4*.

b. At least one EBP treating trauma in pre-school age children:

i. Child Parent Psychotherapy (CPP)*; or

ii. Preschool PTSD Treatment (PPT)*.

*See Medicaid BHSP Manual Appendices for more information on EBPs.

The CCBHC is required to ensure that all EBPs are delivered in fidelity to the specific model and according to national standards.

Targeted Case Management

TCM services shall be provided directly by the CCBHC and are intended to provide an intensive level of support for clients with complex and/or chronic behavioral health issues or who are at high-risk of suicide or overdose to help client sustain recovery and access necessary medical, social, legal, educational, housing, vocational, and other supports and services.

The goals of TCM include the following:

1. Resolve problems that interfere with client's attainment or maintenance of independence or self-sufficiency;

2. Reduce institutionalization and incarceration; and

3. Reduce avoidable emergency department (ED) visits and hospitalizations.

Components

1. Actively link individuals to necessary services and supports;

2. Transitional care, including follow-up from inpatient or other settings into the community;

3. Assistance in navigating complex health care, housing, and social services systems;

4. Provide advocacy for needed services;

5. Benefits counseling;

6. Ongoing monitoring and follow-up to ensure individuals receive needed services and support;

7. Proactively addressing issues before they become problematic;

8. Tracking and evaluating client progress towards their goals, and making adjustments to the plan and/or case management interventions as needed;

9. Provide immediate support and intervention during crisis or emergencies; and

10. Assist clients in developing skills, knowledge, and resources to become more self-sufficient and capable of managing their own lives effectively.

The minimum standard of contact per client per month is four telephonic contacts or one face-to-face contact. This service cannot be billed until the minimum standard is met.

Target Population

Targeted populations include, but are not limited to:

1. Clients age 18 and above with a mental health condition, two or more chronic conditions, who are at-risk of nursing facility placement (DOJ At-Risk population);

2. Post-partum (12 months post-delivery) or pregnant women;

3. Re-entry population (released from incarceration within the past 12 months);

4. Client who are experiencing homelessness; and

5. Client deemed at high risk of suicide or overdose.

TCM services shall not be provided to clients receiving ACT services or enrolled in the Coordinated System of Care (CSoC) program due to the duplicative nature of the services.

Staff Ratio

Ratio of one case manager to 30 clients.

Staff Qualifications

Case managers must have a bachelor's-level degree in a human service field **OR** a bachelor's-level degree in any field with a minimum of two years of full-time experience working with the behavioral health population or providing case management to other populations (adults with physical disabilities or individuals with developmental disabilities).

Psychiatric Rehabilitation

The CCBHC is responsible for providing directly, or through a DCO, evidence-based rehabilitation services for both mental health and SUDs. Rehabilitative services shall include services and recovery supports that help clients develop skills and functioning to facilitate community living, support positive social, emotional, and educational development, facilitate inclusion and integration, and support pursuit of their goals in the community. Psychiatric rehabilitation services must include supported employment programs designed to provide those receiving services with on-going support to obtain and maintain competitive, integrated employment (e.g., evidence-based supported employment, customized employment programs, or employment supports run in coordination with Vocational Rehabilitation or Career One-Stop services). Psychiatric rehabilitation services must also support clients to:

1. Participate in supported education and other educational services;
2. Achieve social inclusion and community connectedness;
3. Participate in medication education, self-management, and/or individual and family/caregiver psycho-education; and
4. Find and maintain safe and stable housing.

Psychiatric rehabilitation services shall include:

1. Manualized protocol or evidence-based psychiatric rehabilitation; and

2. Individual Placement and Support (IPS).

Requirements for IPS can be found at Section 2.3, Individual Placement and Support of the Medicaid BHSP Manual. CCBHC may serve any client eligible for IPS and is not limited to those transitioned from a nursing facility or diverted from nursing facility level of care (NFLOC) through the My Choice Louisiana program per the Medicaid BHSP Manual.

Staff Qualifications

Staff shall meet requirements of the manualized evidence-based protocols for each psychiatric rehabilitation service administered by the CCBHC or DCO. Unless otherwise specified in the evidence-based protocol manual, practitioners shall have a Bachelor's degree and at least one year of relevant work experience in a behavioral health setting.

Staff requirements for IPS can be found at Section 2.3, Individual Placement and Support of the Medicaid BHSP Manual.

Peer and Family Peer Supports

The CCBHC is responsible for providing directly, or through a DCO, peer supports, including peer specialist and recovery coaches, peer counseling, and family/caregiver supports. The CCBHC may serve any client referred to peer and FPS through treatment planning or who may benefit from navigation supports.

Peer Supports

Components

Components shall include, but are not limited to:

1. Client advocacy;
2. Client outreach and engagement;
3. Provision of self-help tools, including assisting clients to connect with natural supports, self-help groups, and warm lines;
4. Recovery education and counseling, including helping peers self-monitor their progress, modeling effective coping skills, and assisting with skills development that guides clients to a more independent life; and

5. Navigation supports including bridging from hospitals, residential facilities, and jails to a client's home and arranging for appropriate aftercare services.

The CCBHC shall provide directly or through a DCO, required PSS in accordance with Section 2.3, Peer Support Services of the Medicaid BHSP.

Staff Qualifications

The CCBHC shall ensure each recognized peer support specialist (RPSS) and recognized peer supervisor (RPS) employed is trained, recognized, and in good standing in accordance with LDH OBH standards.

Family Peer Supports

FPS are person-centered and recovery focused, empowering and educating families who are supporting loved ones dealing with mental health challenges or SUDs. These services guide families in navigating complex systems, accessing treatment and recovery options, and connecting with valuable resources. FPS services assist the family in the acquisition of knowledge and skills necessary to understand and address the specific needs of the individual in relation to their mental illness and SUD and treatment; development and enhancement of the family's specific problem-solving skills, coping mechanisms and strategies for the individual's symptom/behavior management. Most contacts occur in community locations where the family member prefers.

Recognized family peer support specialist (RFPSS) draw on their personal experience of supporting and navigating systems for a loved one with mental health or substance use challenges. This firsthand knowledge allows them to offer empathetic guidance, relatable insights, and practical support to other families navigating similar journeys. By offering compassionate support and informed guidance, they play a crucial role in promoting healing, resilience, and long-term recovery.

Components

FPS include a range of tasks to assist families who are supporting loved ones dealing with mental health challenges or SUDs during the recovery process. Recovery planning assists client and their support system in setting and accomplishing goals related to their home, school, work, community and health. FPS may include, but are not limited to:

1. Helping families and the client's support system gain the knowledge and skills to manage behaviors, sharing experience as appropriate to establish a bond on similar experience;

2. Helping families and the client's support system navigate the healthcare, behavioral health, and other service systems;
3. Educating families and the client's support system about their rights and the power of treatment and recovery;
4. Assisting families and the client's support system in feeling understood, heard, validated and supported;
5. Helping families and the client's support system understand family peer support services, how these services may benefit them, and role of peers;
6. Assisting families and the client's support system in accessing services and resources;
7. Supporting the clinical process and ensuring the appropriate services are provided in a manner consistent with confidentiality regulations and professional standards of care;
8. Rebuilding, practicing, and reinforcing skills necessary to assist in the restoration of the client's health and functioning throughout the treatment process;
9. Providing support and assisting with participation and engagement in meetings and appointments;
10. Assisting in effectively contributing to planning and accessing services to aid in the client's recovery process;
11. Contributing approaches to find and utilize client effective psychoeducational materials;
12. Identifying and overcoming barriers to treatment, and supporting the family in communicating these barriers to treatment and service providers; and
13. Serving as an advocate, mentor, or facilitator for conflict resolution.

Allowed Modes of Delivery

1. Individual;
2. Group;

3. Telehealth (individual only);

4. On-site; and

5. Off-site

Staff Qualifications

A RFPSS must be meet the following criteria:

1. Be 24 years of age;

2. Have a high school diploma or GED;

3. Have 12 consecutive months of experience as the family member of an individual with complex needs inclusive of social, emotional, mental health, and/or substance use concerns; and

4. Successfully complete OBH required training.

The CCBHC shall ensure each RFPSS employed is trained, recognized, and in good standing in accordance with LDH OBH standards.

Supervision of Recognized Family Peer Support Specialist

All supervision requirements as detailed regarding RPSS in Section 2.3, Peer Support Services, in the Medicaid BHSP Manual shall be applicable to RFPSS and must be met.

Staff Ratios

1. One RFPSS may serve family members and support system for up to 20 active clients; and

2. One RFPSS may conduct group sessions, which are composed of two or more families and cannot exceed more than six families totaling no more than 12 individuals.

Intensive Community-Based Outpatient Behavioral Health Care for Members of the U.S. Armed Forces and Veterans

The CCBHC is responsible for providing directly, or through a DCO if allowed, intensive, community-based behavioral health care services for certain members of the U.S. Armed Forces and veterans, particularly those Armed Forces members located 50 miles or more (or one hour's drive time) from a military treatment facility (MTF) and veterans living 40 miles or more (driving distance) from a Veterans Affairs (VA) medical facility, or as otherwise required by federal law. Care provided to veterans shall be consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration (VHA), including clinical guidelines contained in the Uniform Mental Health Services Handbook.

Every client who is a veteran shall be assigned a Veterans Coordinator, whose name and contact information shall be made clear to the client and identified in the health record.

Additional Responsibilities of the Veterans Coordinator

Persons affirming current military service shall be offered assistance in the following manner:

1. Active Duty Service Members (ADSM) must use their servicing MTF, and their MTF Primary Care Managers (PCMs) are contacted by the CCBHC regarding referrals outside the MTF;

2. ADSMs and activated Reserve Component (Guard/Reserve) members who reside more than 50 miles (or one hour's drive time) from a military hospital or military clinic enroll in TRICARE PRIME Remote and use the network PCM, or select any other authorized TRICARE provider as the PCM. The PCM refers the client to specialists for care he or she cannot provide and works with the regional managed care support contractor for referrals/authorizations; and

3. Members of the Selected Reserves, not on Active Duty (AD) orders, are eligible for TRICARE Reserve Select and can schedule an appointment with any TRICARE authorized provider, network or non-network.

Persons affirming former military service (veterans) are offered assistance to enroll in VHA for the delivery of health and behavioral health services. Veterans who decline or are ineligible for VHA services will be served by the CCBHC.