

CHAPTER 75-03-44
CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC CERTIFICATION

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75-03-44-01. Definitions.

1. "Applicant" means an entity applying for certification or renewal as a certified community behavioral health clinic.
2. "Application" means a department form submitted by an applicant for certified community behavioral health clinic certification and renewal.

3. "Behavioral health services" means mental health and substance use disorder services.
4. "Certified clinic" means an entity that has received the certification as a certified community behavioral health clinic from the department.
5. "Certified community behavioral health clinic" means a private or public behavioral health clinic or a state-operated behavioral health clinic designated by the department to deliver a comprehensive range of behavioral health services in accordance with the certification criteria set forth by this chapter.
6. "Community needs assessment" means a systematic approach to identifying community needs and determining program capacity to address the needs of the population being served.
7. "Corrective action plan" means a written strategy developed by a certified clinic in response to the department identifying an area of noncompliance with standards set forth in this chapter.
8. "Department" means the North Dakota department of health and human services.
9. "Designated collaborating organization" means an entity that is not under the direct supervision of the certified clinic but is engaged in a formal relationship with the certified clinic to deliver one or more of the required services or an element of a required service.
10. "Individual" means an individual receiving services from a certified clinic.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-02. Eligibility.

An applicant shall meet the following criteria to be eligible for a certified community behavioral health clinic certification:

1. Be accredited by a nationally recognized accreditation body with standards specific to delivery of behavioral health care services for mental illness and substance use disorders or have a pending application submitted at the time of application for a certified community behavioral health clinic certification;
2. Have a minimum of three years of demonstrated experience providing evidence-based practices for individuals experiencing serious and persistent mental illness, serious mental illness, serious emotional disturbance, or complex or severe substance use disorders and a track record of providing person-centered, recovery-oriented, and trauma-informed care;
3. Be a qualified Medicaid provider;
4. Have received department approval on the intent to pursue certification pursuant to section 75-03-44-03; and
5. Meet at least one of the following criteria:
 - a. Be a nonprofit organization, exempt from taxation as provided under section 501(c)(3) of the Internal Revenue Code [26 U.S.C. 501(c)(3)];
 - b. Be part of a state or local government behavioral health authority;
 - c. Be operated under the authority of the Indian health service, an Indian tribe, or tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the

Indian health service pursuant to the Indian Self-Determination Act [25 U.S.C.A. 5301 et seq.]; or

- d. Be an urban Indian organization pursuant to a grant or contract with the Indian health service under title V of the Indian Health Care Improvement Act [25 U.S.C. 1651 et seq.].

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-03. Intent to pursue certification.

1. Prior to submitting an application for a certified community behavioral health clinic, an applicant shall submit to the department an intent to pursue certification in the form and manner prescribed by the department.
2. An applicant's intent to pursue certification must be approved by the department for the applicant to be eligible for a certified community behavioral health clinic certification.
3. The department may deny an intent to pursue certification in accordance with North Dakota Century Code section 50-06-41.4.
4. The applicant may resubmit to the department an intent to pursue certification no sooner than six months after notification of the denied intent to pursue certification.
5. The department shall notify an applicant if an intent to pursue certification is incomplete, denied, or approved.
6. The department may declare an intent to pursue certification withdrawn if an applicant fails to submit all required documentation within thirty days of notification of incompleteness.
7. An applicant may appeal an intent to pursue certification by completing a written appeal with the department within thirty days of the decision. Upon receipt of a timely appeal, an administrative hearing must be conducted in the manner provided in chapter 75-01-03.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-04. Application for certification - Applicant submission.

1. An applicant shall submit to the department an application and all required information and documentation for a certified community behavioral health clinic certification in the form and manner prescribed by the department.
2. The department shall consider an application complete if the department has received all required information and documents.
3. The department shall notify an applicant if an application is incomplete.
4. The department may declare an application withdrawn if an applicant fails to submit all required documentation within thirty days of notification of incompleteness.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-05. Application for certification - Department review.

1. The department shall conduct a review of the submitted application.
2. The department may conduct an onsite visit as part of the application for a certified community behavioral health clinic certification.
3. If the department determines the application does not meet criteria for a certified community behavioral health clinic certification, the department shall notify the applicant.
4. If an applicant does not meet criteria for a certified community behavioral health clinic certification, an applicant may resubmit the areas of the application that did not meet criteria for a certified community behavioral health clinic certification in a manner and form prescribed by the department.
5. If an applicant has resubmitted the areas of the application that did not meet criteria for a certified community behavioral health clinic certification three times or if ninety days have passed from the original submission date and the application still does not meet criteria for a certified community behavioral health clinic certification, the department shall deny the application for a certified community behavioral health clinic certification. The applicant may resubmit to the department an intent to pursue certification in accordance with section 75-03-44-04 no sooner than six months after notification of the denied application for a certified community behavioral health clinic certification.
6. An applicant may appeal a denied application for a certified community behavioral health clinic certification by completing a written appeal with the department within thirty days of the decision. Upon receipt of a timely appeal, an administrative hearing must be conducted in the manner provided in chapter 75-01-03.
7. The department shall notify an applicant if the application submission for a certified community behavioral health certification is approved and shall provide an initial certified community behavioral health clinic certification to the applicant.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-06. Initial certification.

1. Upon approval of an applicant's first approved application, the department shall issue an initial certified community behavioral health clinic certification.
2. An initial certified community behavioral health clinic certification is in effect for the period specified in the certified community behavioral health clinic certificate and may not exceed one year from the date of issuance.
3. The department may extend an initial certified community behavioral health clinic certification in order to complete its review processes for a certified community behavioral health clinic certification.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-07. Initial certification - Department review.

1. The department shall conduct a certified community behavioral health clinic certification review within the initial certified community behavioral health clinic certification period. The department's review may include requests for documentation and an onsite visit.
2. If the applicant is not in compliance with all applicable requirements in accordance with this chapter, the department shall issue a report and require a corrective action plan.
3. If the applicant meets all applicable requirements in accordance with this chapter, the department shall issue a certified community behavioral health clinic certification.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-08. Certification.

1. A certified community behavioral health clinic certification is effective when approved by the department and the certified community behavioral health clinic certificate has been issued to the applicant.
2. A certified community behavioral health clinic certificate is effective for a period of three years.
3. A certified community behavioral health clinic certificate expires at midnight of the expiration date provided on the certified community behavioral health clinic certification.
4. A certified community behavioral health clinic certification may not be transferred.
5. The certified clinic shall notify the department within seven business days of any significant change in policy or practice that would impact a certified clinic's ability to comply with this chapter.
6. The department may extend a certified community behavioral health clinic certification to complete its review processes for renewal.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-09. Certificate review, report, and renewal procedures.

1. The department shall conduct scheduled or unscheduled certified community behavioral health clinic certification reviews, which may include site visits, to ensure compliance with this chapter.
2. Within thirty days of a review of certified community behavioral health clinic certification, the department shall send a certified community behavioral health clinic certification report to the certified clinic that was reviewed.
3. A certified community behavioral health clinic certification report must contain a description of the certified clinic, services reviewed, and a description of findings.
4. To renew a certified community behavioral health clinic certification:
 - a. A certified clinic shall submit an application for renewal, along with all required supporting information and documentation, in the form and manner prescribed by the department, within one hundred eighty days of certificate expiration; and

- b. The department shall complete a certificate review.
- 5. The applicant may resubmit to the department an intent to pursue certification in accordance with section 75-03-44-04 no sooner than six months after notification of the certification lapse.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-10. Corrective action plan.

- 1. The department shall issue a report requiring the certified clinic to develop a corrective action plan if at any time during the certified community behavioral health clinic certification period, including the renewal process and initial certification, the certified clinic is found to be out of compliance with this chapter.
- 2. The certified clinic has thirty days to develop and submit a corrective action plan to the department, unless otherwise specified by the department, upon notification by the department of being out of compliance with this chapter.
- 3. The department has ten days to review a certified clinic's completed and submitted corrective action plan. The department shall notify the certified clinic as to whether the corrective action plan is approved or not approved. If the corrective action plan is:
 - a. Not approved:
 - (1) The certified clinic shall resubmit the updated corrective action plan within ten days of notification that its previous corrective action plan submission was not approved.
 - (2) The department may revoke a certified clinic's certified community behavioral health clinic certification if the certified clinic has submitted the corrective action plan three times without receiving approval, or ninety days have passed from the initial corrective action plan submittal and the corrective action plan is not approved.
 - b. Approved:
 - (1) The certified clinic shall implement the approved corrective action plan.
 - (2) Within ninety days of the corrective action plan approval, the department shall review the certified clinic's implementation of the corrective action plan.
 - (3) Following the review, the department shall notify the certified clinic whether the corrective action plan implementation is approved.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-11. Certification revocation.

- 1. The department may revoke the certified community behavioral health clinic certification for the following reasons:
 - a. The certified clinic fails to provide the department with requested documentation demonstrating compliance with this chapter;
 - b. The certified clinic fails to correct identified deficiencies in meeting the requirements of this chapter;

- c. The certified clinic fails to maintain required licensures and certifications, as applicable;
 - d. The certified clinic fails to comply with ratesetting, including rebasing requirements; or
 - e. The certified clinic provides false or misleading information or data.
- 2. The department shall provide a certified clinic with thirty days' written notice of the intent to revoke a certified community behavioral health clinic certification.
 - 3. A revoked certified clinic may resubmit to the department an intent to pursue certification in accordance with section 75-03-44-04 no sooner than six months after the revocation is finalized.
 - 4. A revoked certified clinic may appeal a decision to revoke a certified community behavioral health clinic certification by completing a written appeal with the department within thirty days of the decision. Upon receipt of a timely appeal, an administrative hearing must be conducted in the manner provided in chapter 75-01-03.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-12. Staffing.

- 1. The certified clinic shall complete and document a community needs assessment in the manner prescribed by the department and shall complete and document a staffing plan that is responsive to the community needs assessment no less frequently than once every three years.
- 2. The certified clinic director shall maintain a fully staffed management team as appropriate for the size and needs of the clinic, as determined by the current community needs assessment and staffing plan. The management team must include, at a minimum, a director, clinical director, and a psychiatrist as medical director, except as provided under subsection 3. The medical director does not need to be a full-time staff member of the certified clinic.
- 3. If a certified clinic is unable, after reasonable efforts, to employ or contract with a psychiatrist as medical director, a certified clinic may employ as the medical director a medically trained behavioral health care professional who can prescribe and manage medications independently and who has the appropriate education, licensure, and experience in psychopharmacology.
- 4. If a certified clinic is unable to hire a psychiatrist and hires another prescriber instead, a certified clinic shall obtain psychiatric consultation regarding behavioral health clinical service delivery, quality of the medical component of care, and integration and coordination of behavioral health and primary care.
- 5. The certified clinic shall ensure that clinical and nonclinical staff are appropriate in size and composition:
 - a. For the population receiving services, as determined by the community needs assessment;
 - b. To provide the types of services required by this chapter and as informed by the community needs assessment;
 - c. To address the needs of individuals at the certified community behavioral health clinic, as reflected in the individuals' treatment plans, and as required by this chapter; and

- d. By supplementing its core staff as necessary to meet needs identified in the community needs assessment and staffing plan.
- 6. The certified clinic shall maintain a core workforce informed by the community needs assessment and staffing plan, which is comprised of staff and contracted staff, including:
 - a. A medically trained behavioral health care provider, either staff or contracted staff, who can prescribe and manage medications independently, including buprenorphine and other food and drug administration-approved medications used to treat opioid, alcohol, and tobacco use disorders;
 - b. A licensed psychologist or psychologist resident under supervision;
 - c. A licensed addiction treatment provider;
 - d. An independently licensed mental health clinician. If a certified clinic is unable, after reasonable efforts, to employ an independently licensed mental health clinician, a certified clinic may employ a master's-level licensed mental health clinician under a supervision plan;
 - e. A nurse;
 - f. A peer support specialist;
 - g. A quality improvement specialist;
 - h. A care coordinator; and
 - i. Staff or contracted staff with expertise in addressing trauma and promoting the recovery of children with serious emotional disturbance and adults with serious mental illness.
- 7. The certified clinic is not precluded by this chapter from utilizing staff working toward professional licensure if staff is working under appropriate supervision within the scope of applicable state laws and regulations.
- 8. A nonstate operated certified clinic shall maintain liability and malpractice insurance for the staffing and scope of services provided.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-13. Licensure and credentialing of providers.

- 1. All certified clinic staff, including any designated collaborating organization provider staff and contracted staff that furnish services under arrangement with a certified clinic, shall have and maintain all necessary state-required licenses, certifications, or other credentialing and act only within scope of the staff's respective state licenses, certifications, or other credentialing and in accordance with all applicable state laws and regulations. This includes any applicable state Medicaid billing regulations, policies, or provider agreements.
- 2. If certified clinic staff, including any designated collaborating organization provider staff and contracted staff that furnish services under arrangement with a certified clinic, are working toward professional licensure, appropriate supervision must be provided in accordance with applicable state laws and regulations.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

75-03-44-14. Training.

1. The certified clinic shall have a training plan for all employed and contracted staff who have direct contact with an individual, the individual's legal representatives, or the individual's families, which incorporates the needs identified in the community needs assessment. The certified clinic shall provide training at orientation and annually thereafter on:
 - a. Evidence-based practices;
 - b. Cultural responsiveness;
 - c. Person-centered, family-centered, and recovery-oriented planning and services;
 - d. Trauma-informed care;
 - e. The certified clinic's policy and procedures for continuity of operations and disasters;
 - f. The certified clinic's policy and procedures for integration and coordination with primary care;
 - g. Care for co-occurring mental health and substance use disorders;
 - h. Risk assessment;
 - i. Suicide prevention and response;
 - j. Overdose prevention and response;
 - k. The roles of parent and legal representative, and peer team members;
 - l. Confidentiality, privacy, Health Insurance Portability and Accountability Act of 1996 [Pub. L. No. 104-191, 110 Stat. 1936], title 42, Code of Federal Regulations, part 2;
 - m. Military culture;
 - n. Care for adults with serious mental illness and children with emotional disturbance;
 - o. Abuse, neglect, and exploitation; and
 - p. Client rights.
2. The certified clinic may provide the trainings through an online forum.
3. The certified clinic shall regularly assess the skills and competence of each staff, including contracted staff furnishing services and, as necessary, provide training and education programs.
4. The certified clinic shall have written policies and procedures describing its method of assessing competency and shall maintain a written accounting of the training provided for the duration of employment of each staff, including contracted staff, who have direct contact with individuals.
5. The certified clinic shall document the training and demonstration of competency for staff, including contracted staff, are successfully completed.
6. The certified clinic shall ensure people providing staff training are qualified as evidenced by their education, training, and experience.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-15. Linguistic competence.

1. The certified clinic shall take reasonable steps to provide meaningful access to services, such as language assistance, for individuals with limited English proficiency and language-based disabilities.
2. The certified clinic shall use an interpretation and translation service that is readily available and appropriate for the size and needs of the limited English proficiency population receiving services by the certified clinic. If the certified clinic uses an interpreter and translation service, the interpreter and translation service provider must be trained to function in a medical or behavioral health setting.
3. The certified clinic shall ensure that auxiliary aids and services are readily available, Americans with Disabilities Act compliant, and responsive to the needs of individuals with physical, cognitive, or developmental disabilities receiving services from the certified clinic.
4. The certified clinic shall ensure documents or information necessary for an individual to access certified community behavioral health clinic services are available online and in paper format. The documents or information must be in languages commonly spoken within the community served, taking account of literacy levels and the need for alternative formats based on community needs assessment findings. The certified clinic shall provide the documents or information in a timely manner at intake and throughout the time an individual is served by the certified clinic.
5. The certified clinic shall have policies with explicit provisions ensuring all staff, contracted staff, translators, and interpreters understand and adhere to confidentiality and privacy requirements applicable to the certified clinic, including the requirements of the Health Insurance Portability and Accountability Act of 1996 [Pub. L. No. 104-191, 110 Stat. 1936], title 42, Code of Federal Regulations, part 2, and other federal and state laws and regulations.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-16. Availability and accessibility of services.

1. The certified clinic shall provide a safe, functional, clean, sanitary, and welcoming environment for individuals, staff, and contracted staff, if applicable, conducive to the provision of services identified in sections 75-03-44-25 through 75-03-44-36. The certified clinic shall operate nicotine-free campuses.
2. As informed by the community needs assessment, the certified clinic shall ensure services are provided during times that facilitate accessibility and meet the needs of the population served by the certified clinic, including some evening and weekend hours.
3. As informed by the community needs assessment, the certified clinic shall provide services at locations that ensure accessibility and meet the needs of the population to be served, such as settings in the community, including rural areas and reservations, and, as appropriate and feasible, in the homes of individuals.
4. The certified clinic shall provide transportation or transportation vouchers for individuals to the extent possible with relevant funding or programs in order to facilitate access to services in alignment with the person-centered and family-centered treatment plan.

5. To the extent possible, the certified clinic shall use telehealth, telemedicine, videoconferencing, remote patient monitoring, asynchronous interventions, or other technologies in alignment with the preferences of the individual to support access to all required services.
6. As informed by the community needs assessment, the certified clinic shall conduct outreach, engagement, and retention activities to support inclusion and access for individuals and populations.
7. Services provided by a certified clinic are subject to all state standards for the provision of both voluntary and court-ordered behavioral health services.
8. The certified clinic shall have a continuity of operations and disaster plan to ensure the certified clinic is able to effectively notify staff, individuals, and health care and community partners if a disaster or emergency occurs or if services are disrupted. The certified clinic, to the extent feasible, shall identify alternative locations and methods to sustain service delivery and access to behavioral health medications during a disaster, emergency, or disruption of services. The certified clinic's plan must also address health information technology systems security, ransomware protection, and backup and access to the information technology systems, including health records, in case of disaster, emergency, or disruption of service.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-17. Timely access to services and initial and comprehensive evaluation.

1. All individuals new to receiving services, whether requesting or being referred for behavioral health services at the certified clinic, shall, at the time of first contact, receive a preliminary triage, including assessment of risk, from the certified clinic to determine acuity of needs.
2. If the preliminary triage identifies a crisis need in accordance with section 75-03-44-27, the certified clinic immediately shall take appropriate action, including plans to reduce or remove risk of harm and to facilitate any necessary subsequent outpatient followup.
3. If the preliminary triage identifies an urgent need, the certified clinic shall provide clinical services, including completing an initial evaluation, within one business day of the time the request is made. The clinical services may be provided at a later time if that is the preference of the individual receiving services.
4. If the preliminary triage identifies routine needs, the certified clinic shall provide clinical services and complete the initial evaluation within ten business days, or a later time if that is the preference of the individual if the preliminary triage identifies routine needs.
5. The certified clinic may conduct the initial evaluation through use of technologies for telehealth, telemedicine, videoconferencing, remote patient monitoring, asynchronous interventions, or other technologies for those individuals presenting with a crisis or urgent needs. If the certified clinic conducts the initial evaluation through use of technologies for telehealth, telemedicine, videoconferencing, remote patient monitoring, asynchronous interventions, or other technologies and the crisis or urgent need is resolved, the individual must be seen in-person at the next encounter with the certified clinic and the certified clinic shall review the initial evaluation.
6. The certified clinic shall follow the preliminary triage by conducting:
 - a. An initial evaluation in accordance with subsection 3 of section 75-03-44-28; and

- b. A comprehensive evaluation in accordance with subsection 4 of section 75-03-44-28.
7. Unless subject to more stringent state, federal, or applicable accreditation standards, all new individuals shall receive a comprehensive evaluation. The certified clinic shall complete the comprehensive evaluation within sixty days of the first request for services. This requirement does not preclude the provision of treatment during the sixty-day period.
 8. The certified clinic shall consider any known past initial and comprehensive evaluations, past treatments, and history of the individual during an initial and a comprehensive evaluation.
 9. The certified clinic shall review and update the comprehensive person-centered and family-centered treatment plan in compliance with the standards for accreditation of an accrediting body or licensing standards, whichever is more stringent, in agreement with and endorsed by the individual. The certified clinic shall update the treatment plan if changes occur with the status of the individual, based on responses to treatment or if there are changes in treatment goals.
 10. The certified clinic shall provide individuals who are already receiving services from the certified clinic and who are seeking routine outpatient clinical services an appointment within ten business days of the request for an appointment, unless the applicable state and federal regulations or accreditation standards are more stringent.
 11. If an individual already receiving services presents with a crisis need, the certified clinic immediately shall take appropriate action based on the needs of the individual, including immediate crisis response if necessary.
 12. If an individual already receiving services presents with an urgent, noncrisis need, the certified clinic shall attempt to provide clinical services within one business day of the time the request is made, or at a later time if that is the preference of the individual.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-18. Access to crisis management services.

1. In accordance with section 75-03-44-27, the certified clinic shall provide crisis management services that are available and accessible twenty-four hours a day, seven days a week.
2. The certified clinic shall maintain policies and procedures, including a description of methods for providing a continuum of crisis prevention, response, and postvention services, which must be made available to the public.
3. The certified clinic shall educate individuals at the time of the initial evaluation meeting about crisis planning, health care directives, and how to access crisis services, including the 988 suicide and crisis lifeline, and overdose prevention, if risk is indicated.
4. In accordance with sections 75-03-44-23 through 75-03-44-26, the certified clinic shall maintain a working relationship with local hospital emergency departments. The certified clinic shall establish protocols for certified clinic staff to address the needs of individuals in behavioral health crisis who come to local hospital emergency departments.
5. The certified clinic shall establish protocols, including those for the involvement of law enforcement, to reduce delays for initiating services during and following a behavioral health crisis. The protocols must be designed to maximize the delivery of recovery-oriented treatment and services. The protocols established by the certified clinic must attempt to minimize contact

with law enforcement and the criminal justice system and must promote safety and comply with applicable state and local laws and regulations.

6. Following a crisis, in collaboration with the individual, the certified clinic shall create, maintain, and follow a crisis plan to prevent and de-escalate future crisis situations.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-19. No refusal of services.

1. The certified clinic shall ensure:
 - a. An individual seeking services is not denied behavioral health care services, including crisis management services, because of an individual's inability to pay for such services, pursuant to the Protecting Access to Medicare Act of 2014 [Pub. L. No. 113-93]; and
 - b. Any fees or payments required by the certified clinic for such services must be reduced or waived to enable the certified clinic to fulfill the assurance described in subdivision a.
2. The certified clinic shall publish a sliding fee discount schedule that includes all services the certified clinic offers pursuant to the criteria in subsection 1. The certified clinic shall include the sliding fee discount schedules on the certified clinic's website, post a copy in the certified clinic's waiting room, and otherwise make the information readily accessible to adult individuals and legal representatives, if applicable, and the adult individual's family or other supports if the adult individual so wishes or if the individual is a child, the family or legal representation if permitted by federal laws and regulations. The certified clinic shall communicate the sliding fee discount schedule in languages and formats appropriate for individuals seeking services.
3. The certified clinic's fee schedules, if relevant, must conform to federal and state laws and regulations. Absent applicable state or federal requirements, the schedule must be based on locally prevailing rates or charges and must include reasonable costs of operation.
4. The certified clinic shall have written policies and procedures describing eligibility for and implementation of the sliding fee discount schedule. The certified clinic shall apply these policies equally to all individuals seeking services.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-20. Provision of services regardless of residence.

1. The certified clinic shall ensure that no individual seeking services is denied behavioral health care services, including crisis management services, because of place of residence, homelessness, or lack of a permanent address.
2. The certified clinic shall have protocols addressing the needs of individuals who do not live close to the certified clinic or within the certified clinic service area. The certified clinic is responsible for providing, at a minimum, crisis response, preliminary triage, and stabilization services in the certified clinic service area regardless of place of residence. The certified clinic's required protocols shall address management of the individual's ongoing treatment needs beyond crisis response, preliminary triage, and stabilization services.

3. The certified clinic shall demonstrate effort to use technologies for telehealth, telemedicine, videoconferencing, remote patient monitoring, asynchronous interventions, or other technologies:
 - a. In alignment with the preferences of the individual;
 - b. To the extent practical for individuals who live within the certified clinic's service area but live a long distance from the certified clinic; and
 - c. For situations in which timely in-person crisis response is not possible.
4. A certified clinic is not required to provide continuous services to individuals who live outside of the certified clinic's service area.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-21. Care coordination.

1. The certified clinic shall coordinate care across the spectrum of health care services based on a person-centered and family-centered treatment plan that aligns with the requirements of section 2402(a) of the Patient Protection and Affordable Care Act of 2010 [Pub. L. No. 111-148], as amended by the Health Care and Education Reconciliation Act of 2010 [Pub. L. No. 111-152] and with state laws and regulations and is consistent with best practices. The coordination of care must include access to high-quality acute and chronic physical health and behavioral health care, social services, housing, educational systems, and employment opportunities as necessary to facilitate wellness and recovery of the individual. The certified clinic shall coordinate with other systems to meet the needs of the individuals they serve, including criminal and juvenile justice and child welfare.
2. The certified clinic shall maintain the necessary documentation to satisfy the requirements of the Health Insurance Portability and Accountability Act of 1996 [Pub. L. No. 104-191, 110 Stat. 1936], title 42, Code of Federal Regulations, part 2 and other federal and state laws and regulations.
3. To promote coordination of care, the certified clinic shall obtain necessary consents for sharing information with community partners and other systems if information is not able to be shared under the Health Insurance Portability and Accountability Act of 1996 [Pub. L. No. 104-191, 110 Stat. 1936], title 42, Code of Federal Regulations, part 2, and other federal and state laws and regulations. If the certified clinic is unable, after reasonable attempts, to obtain the necessary consent for any care coordination activity specified in sections 75-03-44-23 through 75-03-44-26, such attempts must be documented and revisited periodically.
4. Consistent with requirements of privacy, confidentiality, and the preferences and needs of individuals, the certified clinic shall assist individuals and the families or legal representatives of the children referred to external providers or resources in obtaining an appointment and tracking participation in services to ensure coordination and receipt of supports.
5. The certified clinic shall coordinate care in keeping with the preferences of the individual and the individual's care needs. To the extent possible, the certified clinic shall provide care coordination, as appropriate, in collaboration with the legal representative of the adult individual, if applicable, and the adult individual's family or other supports to the extent the adult individual so wishes, or if the individual is a child, in collaboration with the family or legal representative if permitted by federal laws and regulations.

6. To identify the preferences of the individual in the event of a behavioral health crisis, the certified clinic shall develop a crisis plan with each individual. At minimum, the certified clinic shall counsel individuals about the use of the 988 suicide and crisis lifeline, mobile crisis, and stabilization services should a behavioral health crisis arise when providers are not in their office.
7. The certified clinic shall make and document reasonable attempts to determine any medications prescribed by other providers. If state laws and regulations allow, the certified clinic shall consult the state prescription drug monitoring program before prescribing medications. Upon appropriate consent to release of information or as otherwise authorized by federal and state laws and regulations, the certified clinic shall provide a list of medications prescribed by the certified clinic to other providers not affiliated with the certified clinic as necessary for safe and quality care.
8. A certified clinic may not limit the freedom of choice of an individual receiving care coordination services from choosing the individual's appropriate provider within the certified clinic, with its designated collaborating organizations or with any other provider, unless limited by federal or state laws or regulations.
9. The certified clinic shall assist individuals and families or the legal representatives to access benefits, including Medicaid, and enroll in programs or supports that may benefit the individuals and their families or legal representatives.
10. The certified clinic shall work with its designated collaborating organizations to ensure all steps are taken, including obtaining consent to release of information from the individual to comply with privacy and confidentiality requirements, including the Health Insurance Portability and Accountability Act of 1996 [Pub. L. No. 104-191, 110 Stat. 1936], title 42, Code of Federal Regulations, part 2 and other federal and state laws and regulations.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-22. Health information systems.

1. The certified clinic shall establish or maintain a secure health information technology system, including the storage, access, and use of electronic health records.
2. The certified clinic shall use its secure health information technology system and related technology tools to conduct activities such as population health management, quality improvement, quality measurement and reporting, outreach, and research.
3. The certified clinic shall use technology certified in accordance with 45 CFR 170 for the following required core set of certified health information technology capabilities that align with key clinical practice and care delivery requirements for certified clinics:
 - a. Capture health information, as feasible, including demographic information such as age, sex, and disability status;
 - b. Support care coordination by sending and receiving summary of care records;
 - c. Provide an individual timely electronic access to view, download, or transmit the individual's health information or access to the individual's health information via an application programming interface using a personal health application of the individual's choice;
 - d. Provide evidence-based clinical decision support; and

- e. Conduct electronic prescribing.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4; 45 CFR 170

75-03-44-23. Care coordination partnerships.

1. The certified clinic shall have a partnership establishing care coordination expectations with federally qualified health centers located in the certified clinic service area to provide health care services, if the services are not provided directly through the certified clinic. For individuals who are served by other primary care providers, including federally qualified health center look-alikes and community health centers, the certified clinic shall establish protocols to ensure adequate care coordination.
2. The certified clinic shall establish partnerships for care coordination expectations with programs, including tribal programs, if any exist within the certified clinical service area, that can provide inpatient behavioral health treatment, opioid treatment program services, medical withdrawal management, ambulatory medical withdrawal management for substance use disorders, and residential substance use disorder treatment.
3. The certified clinic shall track when individuals are admitted to facilities providing the services listed in subsection 2, and when individuals are discharged, unless there is a formal transfer of care to a noncertified clinic entity.
4. The certified clinic shall establish protocols and procedures for transitioning individuals from emergency departments, inpatient behavioral health programs, medically monitored withdrawal management services, and residential or inpatient facilities that serve children to a safe community setting. The certified clinic's established protocols and procedures must include the transfer of health records of services received, a plan to follow up actively after discharge, and, as appropriate, a plan for suicide prevention and safety, overdose prevention, and provision for peer services.
5. The certified clinic shall establish partnerships with a variety of community or regional services, supports, and providers. The certified clinic's partnerships shall support joint planning for care and services, provide opportunities to identify individuals in need of services, enable the certified clinic to provide services in community settings, enable the certified clinic to provide support and consultation with a community partner, and support certified clinic outreach and engagement efforts.
6. A certified clinic shall develop partnerships with the following community or regional services, supports, and providers that provide services within the certified clinic's service area:
 - a. Schools;
 - b. Child welfare agencies;
 - c. Criminal and juvenile justice agencies and facilities, including jails and other specialty courts;
 - d. Treatment facilities, mental health facilities, facilities serving veterans, and facilities serving individuals with brain injury;
 - e. Indian health service youth regional treatment centers;
 - f. State licensed and nationally accredited child-placing agencies for therapeutic foster care service; and

g. 988 suicide and crisis lifeline call center.

7. The certified clinic shall establish a partnership with the nearest department of veterans' affairs medical center, independent clinic, drop-in center, or other facility of the department of veterans' affairs. If multiple department of veterans' affairs facilities of different types are located in the certified clinic's service area, the certified clinic shall work to establish care coordination agreements with facilities of each type.
8. The certified clinic's care coordination partnerships shall establish expectations with inpatient acute-care hospitals in the certified clinic's service area and with the inpatient acute-care hospital's associated facilities, including emergency departments, hospital outpatient clinics, urgent care centers, and residential crisis settings. The certified clinic's care coordination partnerships' expectations must include procedures and services to help individuals successfully transition from emergency department or hospital to the certified clinic and community care to ensure continuity of services and minimize the time between discharge and followup. The certified clinic shall work with the discharging facility ahead of discharge to assure a seamless transition. The certified clinic's partnerships shall support tracking if individuals are admitted to facilities providing the services in this subsection, and if the individuals are discharged. The certified clinic's partnerships shall support the transfer of health records of services received and provide for active followup after discharge.
9. The certified clinic shall make and document reasonable attempts to contact all individuals who are discharged from the facilities providing services in subsection 8 within twenty-four hours of discharge. For all individuals being discharged from facilities providing services in subsection 8 who are at risk for suicide or overdose, the care coordination agreement between facilities providing services in subsection 8 and the certified clinic must include a requirement to coordinate consent and followup services with the individual within twenty-four hours of discharge and must continue until the individual is connected to services, assessed to be no longer at risk, or refuses care.
10. The certified clinic shall attempt to enter a formal, signed care coordination agreement detailing the roles of each party. At a minimum, the certified clinic shall develop written protocols for supporting coordinated care undertaken by the certified clinic and efforts to deepen the partnerships required by this section over time so jointly developed protocols or formal agreements may be developed.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-24. Care treatment team, treatment planning, and care coordination activities.

1. The certified clinic treatment team must include the adult individual and legal representative, if applicable, and the adult individual's family or other supports if the adult individual so wishes or if the individual is a child, the family or legal representative if permitted by federal laws or regulations.
2. The certified clinic's treatment planning and care coordination activities must be person centered and family centered and must align with the requirements of section 2402(a) of the Patient Protection and Affordable Care Act of 2010 [Pub. L. 111-148], as amended by the Health Care and Education Reconciliation Act of 2010 [Pub. L. No. 111-152].
3. The certified clinic's treatment planning and care coordination activities are subject to the Health Insurance Portability and Accountability Act of 1996 [Pub. L. No. 104-191, 110 Stat. 1936], title 42, Code of Federal Regulations, part 2 and other federal and state laws and regulations.

4. The certified clinic shall designate team members within an interdisciplinary treatment team framework who are responsible, with the adult individual and legal representative, if applicable, and the adult individual's family or other supports if the adult individual so wishes or if the individual is a child, the family or legal representative if permitted by federal laws and regulations, for directing, coordinating, and managing care and services.
5. The designated certified clinic team members must be composed of staff who work together to coordinate the medical, psychiatric, psychosocial, emotional, therapeutic, and recovery support needs of the individuals, including, as appropriate and desired by the individuals, traditional approaches to care for individuals who are American Indian or Alaska native or from other groups.
6. The certified clinic shall coordinate care and services provided by designated collaborating organizations in accordance with the individual's current treatment plan.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-25. General service provisions.

1. Whether delivered directly or through a designated collaborating organization agreement, the certified clinic is responsible for ensuring access to all care specified in the Protecting Access to Medicare Act of 2014 [Pub. L. No. 113-93], including, as more explicitly provided in sections 75-03-44-27 through 75-03-44-36 the following required services:
 - a. Crisis services;
 - b. Screening, assessment, and diagnosis;
 - c. Person-centered and family-centered treatment planning;
 - d. Outpatient behavioral health services;
 - e. Outpatient primary care screening and monitoring;
 - f. Targeted case management;
 - g. Psychiatric rehabilitation;
 - h. Peer, parent, or legal representative supports; and
 - i. Intensive community-based outpatient behavioral health care for members of the United States armed forces and veterans.
2. The certified clinic shall deliver directly the majority of encounters across the required services, excluding crisis services, rather than through a designated collaborating organization.
3. The certified clinic shall ensure all certified community behavioral health clinic services, if not available directly through the certified clinic, are provided through a designated collaborating organization, consistent with the freedom of choice of the individual to choose appropriate providers within the certified clinic and its designated collaborating organizations, unless limited by federal or state laws or regulations. This subsection does not preclude the certified clinic's use of referrals outside the certified clinic or designated collaborating organization if a needed specialty service is unavailable through the certified clinic or designated collaborating organizations.

4. Regarding certified clinic and designated collaborating organization services, individuals must be informed of and have access to the certified clinic's existing grievance procedures, which must satisfy the minimum requirements of Medicaid and other grievance requirements such as those mandated by relevant accrediting entities or state laws and regulations.
5. Designated collaborating organization-provided services for individuals must meet the same quality standards as those provided by the certified clinic. The entities with which the certified clinic coordinates care and all designated collaborating organizations, taken in conjunction with the certified clinic itself, shall satisfy the mandatory aspects of this chapter.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-26. Requirement of person-centered and family-centered care.

1. The certified clinic shall ensure all certified community behavioral health clinic services, including those supplied by its designated collaborating organizations, are provided in a manner aligned with the requirements of section 2402(a) of the federal Patient Protection and Affordable Care Act of 2010 [Pub L. No. 111-148], as amended by the Health Care and Education Reconciliation Act of 2010 [Pub. L. No. 111-152]. These requirements reflect: person-centered and family-centered, recovery-oriented care; being respectful of the needs, preferences, and values of the individuals; and ensuring both involvement of the individual and self-direction of services received. The certified clinic shall ensure services for children are family centered, child guided, and developmentally appropriate.
2. The certified clinic and designated collaborating organizations shall deliver person-centered and family-centered care that is responsive to the development of the individual and includes care that recognizes the particular needs of the individual.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-27. Crisis behavioral health services.

1. The certified clinic shall directly, or by a designated collaborating organization, provide robust and timely crisis behavioral health services. The available crisis behavioral health services must include:
 - a. Crisis intervention services through coordination with the 988 suicide and crisis lifeline telephone, text, and chat crisis intervention call center;
 - b. Community-based behavioral health crisis intervention services using mobile crisis teams available twenty-four hours per day, seven days per week, to individuals and their families or legal representatives anywhere within the certified clinic's service area, including at home, work, or anywhere else the crisis is experienced. Mobile crisis teams are expected to arrive in-person within thirty minutes plus travel time from the time they are dispatched, with response time not to exceed three hours. Telehealth, telemedicine, videoconferencing, remote patient monitoring, asynchronous interventions, or other technologies may be used to connect individuals in crisis to appropriate providers during the interim travel time. These technologies also may be used to provide crisis care to individuals if remote travel distances make the three-hour response time unachievable, but the ability to provide an in-person response must be available if necessary to ensure safety; and

- c. Crisis receiving and stabilization services including, at minimum, walk-in behavioral health services for voluntary individuals. Walk-in behavioral health services must identify the individual's immediate needs, de-escalate the crisis, and connect the individual to a safe and least restrictive setting for ongoing care. The certified clinic shall establish walk-in hours based on the community needs assessment, including evening hours, which are publicly posted. The certified clinic is not required by this section to manage the highest acuity individuals in this setting.
2. The certified clinic's crisis behavioral health care services must include suicide prevention and intervention.
3. The certified clinic or its designated collaborating organization shall offer services capable of addressing crises related to substance use, including the risk of drug and alcohol-related overdose, and shall offer support following a nonfatal overdose after the individual is medically stable. The certified clinic's overdose prevention activities must include access to naloxone for overdose reversal to individuals who are at risk of opioid overdose and, as appropriate, to their family members or legal representatives.
4. The certified clinic or its designated collaborating organization shall offer developmentally appropriate responses, sensitive de-escalation supports, and connections to ongoing care, when needed.
5. The certified clinic shall have an established protocol specifying the role of law enforcement during the provision of crisis services.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-28. Screening, assessment, and diagnosis.

1. The certified clinic shall directly provide screenings, assessments, and diagnoses, including risk assessments for behavioral health conditions, to individuals. If specialized services outside the expertise of the certified clinic are required for purposes of screening, assessment, or diagnosis of an individual, the certified clinic shall refer the individual to an appropriate provider. The certified clinic, if necessary and appropriate, may provide the screening, assessment, and diagnosis through telehealth, telemedicine, videoconferencing, remote patient monitoring, asynchronous interventions, or other technologies.
2. The certified clinic shall conduct the screening, assessment, and diagnosis in a time frame responsive to the needs and preferences of the individual and shall ensure the screening, assessment, and diagnosis are of sufficient scope to assess the need for all services required to be provided by the certified clinic.
3. The initial evaluation, as required in section 75-03-44-17, provided by the certified clinic, must include at a minimum:
 - a. Preliminary diagnoses;
 - b. The source of referral;
 - c. The reason for seeking care, as stated by the adult individual and legal representative, if applicable, and the adult individual's family or other supports if the adult individual so wishes or if the individual is a child, the family or legal representatives;
 - d. Identification of the immediate clinical care needs related to the diagnosis for mental and substance use disorders of the individual;

- e. A list of all known current prescriptions and over-the-counter medications, herbal remedies, and dietary supplements used by the individual and the indication for any medications;
 - f. A summary of known previous mental health and substance use disorder treatments with a focus on which treatments were beneficial and which were not;
 - g. The use of alcohol or drugs;
 - h. An assessment of whether the individual is a risk to self or to others, including suicide risk factors;
 - i. An assessment of whether the individual has other concerns for the individual's safety, such as intimate partner violence;
 - j. Assessment of need for medical care, with a referral and followup as required;
 - k. A determination of whether the individual presently is, or ever has been, a member of the United States armed forces; and
 - l. For a child, whether the child has criminal and juvenile justice or child welfare system involvement.
4. A certified clinic shall provide a comprehensive evaluation for all individuals. Subject to applicable federal and state laws and regulations and accreditation standards, certified clinic's clinicians shall use their clinical judgment with respect to the depth of questioning within the comprehensive evaluation so the comprehensive evaluation actively engages the individual around the individual's presenting concern. The certified clinic's comprehensive evaluation must gather the amount of information commensurate with the complexity of the individual's specific needs and prioritize preferences of the individual with respect to the depth of the comprehensive evaluation and the individual's treatment goals. The comprehensive evaluation must include:
- a. The individual's reasons for seeking services at the certified clinic, including information regarding onset of symptoms, severity of symptoms, and circumstances leading to the presentation to the certified clinic of the individual;
 - b. An overview of the individual's relevant social supports, social determinants of health, health-related social needs such as housing, vocational, and educational status, family or legal representative and social supports legal issues, and insurance status;
 - c. A description of the individual's cultural and environmental factors that may affect the treatment plan of the individual, including the need for linguistic services or supports for individuals with limited English proficiency;
 - d. The individual's pregnancy and parenting status;
 - e. The individual's behavioral health history, including trauma history and previous therapeutic interventions and hospitalizations with a focus on what was beneficial and what was not beneficial in past treatments;
 - f. The individual's relevant medical history and major health conditions that impact the individual's current psychological status;
 - g. A medication list including prescriptions, over-the counter medications, herbal remedies, dietary supplements, and other treatments or medications of the individual. A certified clinic's medication list must include treatments or medications identified in a prescription

- drug monitoring program that may affect the individual's clinical presentation and pharmacotherapy, as well as information on allergies including medication allergies;
- h. An examination of the individual which includes current mental status, mental health, and substance use disorders;
 - i. Basic cognitive screening of the individual for cognitive impairment;
 - j. Assessment of imminent risk to the individual, including suicide risk, withdrawal and overdose risk, danger to self or others, urgent or critical medical conditions, and other immediate risks, including threats from another person;
 - k. The strengths, goals, preferences, and other factors to be considered in treatment and recovery planning of the individual;
 - l. Assessment of the need for other services required by this chapter;
 - m. Assessment of any relevant social or human service needs of the individual, with necessary referrals made to social or human services. For children receiving services, assessment of criminal and juvenile justice and child welfare system involvement and referral to child welfare agencies as appropriate;
 - n. An assessment of need for a physical examination or further evaluation by appropriate health care professionals, including the primary care provider, with appropriate referral and followup, of the individual; and
 - o. The preferences of the individual regarding the use of technologies such as telehealth, telemedicine, videoconferencing, remote patient monitoring, asynchronous interventions, or other technologies.
5. A certified clinic shall include data and quality metrics in screening, assessment, and evaluations as identified in sections 75-03-44-37 and 75-03-44-38, and as clinically indicated.
6. The certified clinic shall use standardized, validated, and developmentally appropriate screening and assessment tools appropriate for the individual and, if warranted, brief motivational interviewing techniques to facilitate engagement. If the certified clinic's screening identifies unsafe substance use, including problematic alcohol or other substance use, the certified clinic shall conduct a brief intervention and shall provide a full assessment and treatment for the individual, if appropriate within the level of care of the certified clinic. If the full assessment and treatment for the individual is not appropriate within the level of care provided by the certified clinic, the certified clinic shall refer the individual to a more appropriate level of care. If the certified clinic's screening identifies more immediate threats to the safety of the individual, the certified clinic shall take appropriate action as described in subsection 1 of section 75-03-44-17.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-29. Person-centered and family-centered treatment planning.

1. The certified clinic directly shall provide person-centered and family-centered treatment planning, including risk assessment and crisis planning.
2. The certified clinic shall develop an individualized treatment plan based on information obtained through the comprehensive evaluation and the individual's goals and preferences. The individualized treatment plan must:

- a. Address the individual's prevention, medical, and behavioral health needs;
 - b. Be comprehensive, addressing all services required, including recovery supports, with provision for monitoring of progress toward goals;
 - c. Be developed in collaboration with and be endorsed by the adult individual and legal representative, if applicable, and the adult individual's family or other supports to the extent the adult individual so wishes or if the individual is a child, the family or legal representative if permitted by federal laws and regulations;
 - d. Be coordinated with staff or programs necessary to carry out the plan;
 - e. Support care in the least restrictive setting possible; and
 - f. Include needs, strengths, abilities, preferences, and goals, expressed in a manner capturing the words or ideas of the adult individual and legal representative, if applicable, and the adult individual's family or other supports or if the individual is a child, the family or legal representative.
3. The certified clinic shall use the initial evaluation, comprehensive evaluation, and ongoing screening and assessment of the individual to inform the treatment plan and services provided.
 4. The certified clinic's treatment planning must include needs, strengths, abilities, preferences, and goals, expressed in a manner capturing the words or ideas of the individual and legal representative, if applicable, and the adult individual's family or other supports or if the individual is a child, the family or legal representative.
 5. The certified clinic's treatment plan must be built upon a shared decisionmaking approach and must be comprehensive, addressing all services required, including recovery supports, with provision for monitoring of progress toward goals.
 6. The certified clinic shall, where appropriate, seek consultation during treatment planning.
 7. The certified clinic shall document any health care directives related to treatment and crisis planning in the individual's health record. If the individual does not wish to share the individual's preferences with the certified clinic, the certified clinic shall document the individual's decision in the individual's health record.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-30. Outpatient behavioral health services.

1. The certified clinic directly, or through a designated collaborating organization, shall provide outpatient behavioral health care.
2. The certified clinic directly, or through a designated collaborating organization, shall provide evidence-based services using best practices for treating mental health and substance use disorders across the lifespan of an individual utilizing tailored approaches.
3. The certified clinic shall provide the following outpatient services:
 - a. Mental health counseling for individuals and their families;
 - b. Psychopharmacological treatment, psychiatric evaluation, and medication management for individuals;

- c. Psychological and psychometric evaluations;
 - d. Substance use disorder treatment at an intensive outpatient level of care and less intensive levels of care as described by article 75-03 for adults;
 - e. Substance use disorder treatment at an outpatient level of care as described by article 75-03 for adolescents; and
 - f. Treatment of tobacco use disorders.
4. If specialized or more intensive services outside the expertise of the certified clinic or designated collaborating organization are required for purposes of outpatient mental and substance use disorder treatment, the certified clinic shall make those services available through referral or other formal arrangement with other providers or, where necessary and appropriate, through use of telehealth, telemedicine, videoconferencing, remote patient monitoring, asynchronous interventions, or other technologies, in alignment with federal and state laws and regulations.
 5. The certified clinic shall provide, or make available through a formal arrangement, traditional practices and treatment as appropriate for the individuals served in the certified clinic area. If specialist service providers are not available to provide direct care to a particular individual, or specialist care is not practically available, the certified clinic staff may consult with specialized services providers for highly specialized treatment needs.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-31. Evidence-based services.

1. The certified clinic shall provide the following evidence-based practices:
 - a. Motivational interviewing;
 - b. Cognitive behavioral therapy;
 - c. Trauma-focused cognitive behavioral therapy;
 - d. Long-acting injectable medications and other effective but underutilized medications to treat both mental and substance use disorders; and
 - e. Food and drug administration-approved medications for mental and substance use disorders including opioid use disorder and nicotine replacement therapies.
2. A certified clinic shall provide, directly or through a designated collaborating organization or formal partner, evidence-based services appropriate for the phase of life and development of the individual, specifically considering what is appropriate for children of various ages and older adults, as distinct groups for whom life stage and functioning may affect treatment. The certified clinic's treatments must be delivered by staff with specific training in treating the segment of the population being served, as follows:
 - a. If treating children, the certified clinics shall provide evidence-based services that are developmentally appropriate, child guided, and family driven.
 - b. If treating older adults, the certified clinic shall consider the desires and functioning of the individual and provide the appropriate evidence-based treatments.

- c. If treating individuals with developmental, brain injury, or other cognitive disabilities, the certified clinic shall consider the level of functioning and provide the appropriate evidence-based treatments.
3. Supports for children must comprehensively address family, legal representative, school, medical, mental health, substance use, psychosocial, and environmental issues.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-32. Outpatient clinic primary care screening and monitoring.

1. The certified clinic is responsible for outpatient primary care screening and monitoring of key health indicators and health risk. Whether directly provided by the certified clinic or through a designated collaborating organization, the certified clinic shall ensure these services are received.
2. The medical director shall establish protocols that give consideration to screening recommendations with scores of A and B, in accordance with United States preventive services task force recommendations for HIV and viral hepatitis.
3. The medical director shall identify and establish parameters for primary care referrals in accordance with sections 75-03-44-37 and 75-03-44-38.
4. The medical director shall develop organizational protocols to ensure screening is conducted for individuals who are at risk for common physical health conditions experienced by populations across the lifespan. Protocols must include:
 - a. Identifying individuals with chronic diseases;
 - b. Ensuring individuals are asked about physical health symptoms; and
 - c. Establishing systems for collection and analysis of laboratory samples.
5. The certified clinic shall have the ability to collect biologic samples directly, through a designated collaborating organization, or through protocols with an independent clinical laboratory organization. A certified clinic may conduct laboratory analyses directly, through a designated collaborating organization, or through another arrangement with an organization separate from the certified clinic.
6. If the individual's primary care provider conducts the necessary screening and monitoring, the certified clinic is not required to do so if it has a record of the screening and monitoring and the results of any tests that address the health conditions included in the certified clinics screening and monitoring protocols developed under section 75-03.1-44-32.
7. The certified clinic shall provide ongoing primary care monitoring of health conditions as clinically indicated for the individual. Monitoring of health conditions includes the following:
 - a. Ensuring individuals have access to primary care services;
 - b. Ensuring ongoing periodic laboratory testing and physical measurement of health status indicators and changes in the status of chronic health conditions;
 - c. Coordinating care with primary care and specialty health providers, including tracking attendance at needed physical health care appointments; and
 - d. Promoting a healthy behavior lifestyle.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-33. Targeted case management services.

1. The certified clinic is responsible for providing directly, or through a designated collaborating organization, targeted case management services that must assist individuals in sustaining recovery and gaining access to needed medical, social, legal, educational, housing, vocational, and other services and supports.
2. Certified clinic's targeted case management must provide an intensive level of support that goes beyond the care coordination that is a basic expectation for all individuals. The targeted case management must:
 - a. Include supports for individuals deemed at high risk of suicide or overdose, particularly during times of transition such as from a residential treatment, hospital emergency department, or behavioral health hospitalization;
 - b. Be used and accessible during other critical periods, such as episodes of homelessness or transitions to the community from jails or prisons; and
 - c. Be used for individuals with complex or serious mental health, including those at risk for out-of-home placement or substance use conditions, and for individuals who have a short-term need for support in a critical period, such as an acute episode or care transition.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-34. Psychiatric rehabilitation services.

1. The certified clinic is responsible for providing directly, or through a designated collaborating organization, evidence-based psychiatric rehabilitation services for behavioral health disorders.
2. Psychiatric rehabilitative services must include services and supports that:
 - a. Help individuals develop skills and functioning to facilitate community living;
 - b. Support positive social, emotional, and educational development;
 - c. Facilitate inclusion and integration; and
 - d. Support pursuit of their goals in the community.
3. Psychiatric rehabilitation services must support individuals to:
 - a. Participate in supported education and other educational services;
 - b. Achieve social inclusion and community connectedness;
 - c. Participate in medication education, self-management, and individual and family or legal representative psychoeducation; and
 - d. Find and maintain safe and stable housing.

4. Psychiatric rehabilitation services must include supported employment programs designed to provide individuals with ongoing support to obtain and maintain competitive, integrated employment.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-35. Peer supports, peer counseling, and family and caregiver supports.

1. The certified clinic is responsible for providing directly, or through a designated collaborating organization, peer supports, including peer support specialist and parent and caregiver peer supports.
2. The certified clinic shall provide peer support and parent and caregiver peer support services by professionals certified in North Dakota in accordance with chapter 75-03-43.
3. The certified clinic's peer services must include:
 - a. Peer-run wellness and recovery centers; and
 - b. Peer recovery services.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-36. Intensive, community-based mental health care for members of the armed forces and veterans.

1. The certified clinic is responsible for providing directly, or through a designated collaborating organization, intensive and community-based behavioral health care for certain members of the United States armed forces and veterans, particularly armed forces members located fifty miles or more from a military treatment facility and veterans living forty miles or more from a veterans administration hospital, or as otherwise required by federal laws and regulations.
2. The certified clinic shall ask all individuals seeking services whether they have ever served in the United States military.
3. The certified clinic shall offer assistance to individuals affirming current military service in the following manner:
 - a. Active duty service members shall use their servicing military treatment facility. The certified clinic and its designated collaborating organization shall contact the active duty service member's military treatment facility's primary care managers regarding referrals outside the military treatment facility;
 - b. An active duty service member and activated reserve component members who reside more than fifty miles from a veterans administration hospital or military clinic enrolled in TRICARE prime remote shall use the network primary care manager or select any other TRICARE authorized provider as the primary care manager. The primary care manager shall refer an active duty service member or activated reserve component member to specialists for care the primary care manager cannot provide and the primary care manager shall work with the regional managed care support contractor for referrals and authorizations; and

- c. Members of the selected reserves, not on active duty orders, are eligible for TRICARE reserve select. The certified clinic and its designated collaborating organization shall direct members of the select reserves, not on active duty orders, to schedule an appointment with any TRICARE authorized provider, network or non-network.
- 4. The certified clinic and its designated collaborating organization shall offer assistance to individuals affirming former military service to enroll in veterans health administration services for the delivery of health and behavioral health services. Veterans who decline or are ineligible for veterans health administration services must be served by the certified clinic or its designated collaborating organization, consistent with minimum clinical mental health requirements promulgated by the veterans health administration directive 1160.01, Uniform Mental Health Services in VHA Medical Points of Service, dated April 27, 2023.
- 5. The certified clinic and its designated collaborating organization shall ensure there is integration or coordination between care for substance use disorders and other mental health conditions for veterans who experience both and integration or coordination between care for behavioral health conditions and other components of health care for all veterans.
- 6. The certified clinic shall assign a principal behavioral health provider to every veteran seen for behavioral health services. If a veteran is seeing more than one behavioral health provider and is involved in more than one program, the certified clinic shall make clear the identity of the principal behavioral health provider to the veteran and identify the principal behavioral health provider in the veteran's health record. The certified clinic shall identify the principal behavioral health provider on a tracking database for veterans who need case management. The principal behavioral health provider shall:
 - a. Maintain regular contact with the veteran as clinically indicated if ongoing care is required;
 - b. Review and reconcile each veteran's psychiatric medication on a regular basis with a psychiatrist or other independent prescriber as permitted by the requirements of veterans health administration directive 1160.01, Uniform Mental Health Services in VHA Medical Points of Service, dated April 27, 2023;
 - c. Coordinate and develop the veteran's treatment plan. The veteran's treatment plan must incorporate input from the veteran and legal representative, if applicable, and when appropriate, the veteran's family with the veteran's and legal representative's, if applicable, consent;
 - d. Document and monitor the implementation of the treatment plan, including tracking progress in the care delivered, the outcomes achieved, and the goals attained;
 - e. Revise the treatment plan when necessary;
 - f. With the veteran and legal representative, if applicable, and the veteran's family with the veteran's and legal representative's, if applicable, consent communicate about the treatment plan and address any of the veteran's problems or concerns about their care. For veterans who are at high risk of losing decisionmaking capacity, such as those with a diagnosis of schizophrenia or schizoaffective disorder, communications must include discussions regarding future behavioral health care treatment; and
 - g. Ensure the treatment plan reflects the veteran's goals and preferences for care and that the veteran verbally consents to the treatment plan in accordance with veterans health administration directive 1004.01(3), Informed Consent for Clinical Treatments and Procedures, dated December 12, 2023.

7. If the principal behavioral health provider suspects the veteran lacks the capacity to make a decision about the mental health treatment plan, the principal behavioral health provider shall ensure the veteran's decisionmaking capacity is formally assessed and documented. For veterans who are determined to lack capacity, the principal behavioral health provider shall identify the authorized surrogate and document the authorized surrogate's verbal consent to the treatment plan. The use of supported decisionmaking may also be considered.
8. To satisfy the federal requirements that care for veterans adheres to requirements promulgated by the veteran health administration, the certified clinic, and its designated collaborating organization shall provide behavioral health services that are recovery-oriented.
9. The certified clinic, and its designated collaborating organization shall provide culturally responsive behavioral health care. Any staff of the certified clinic staff and its designated collaborating organization who are not a veteran shall undergo training about military and veterans' culture to be able to understand the experiences and contributions of those who have served their country.
10. The certified clinic shall ensure there is a behavioral health treatment plan for all veterans receiving behavioral health services. The treatment plan must:
 - a. Include the veteran's diagnosis and document consideration of each type of evidence-based intervention for each diagnosis;
 - b. Include approaches to monitoring the therapeutic benefits and adverse effects of care, milestones for reevaluation of interventions, and the plan itself;
 - c. Include, as appropriate, the interventions intended to reduce and manage symptoms, improve functioning, and prevent relapses or recurrences of episodes of illness;
 - d. Be recovery oriented, attentive to the veteran's values and preferences, and evidence based regarding what constitutes effective and safe treatments; and
 - e. Be developed with input from the veteran and legal representative, if applicable, and the veteran's family with the veteran's and legal representative's, if applicable, consent. The veteran's verbal consent to the treatment plan is required in accordance with veterans health administration directive 1004.01(3), Informed Consent for Clinical Treatments and Procedures, dated December 12, 2023.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-37. Data collection, reporting, and tracking.

1. The certified clinic shall collect, report, and track encounter, outcome, and quality data, including data regarding:
 - a. Characteristics of individuals;
 - b. Staffing;
 - c. Access to services;
 - d. Use of services;
 - e. Screening, prevention, and treatment;
 - f. Care coordination;

- g. Other processes of care;
 - h. Costs; and
 - i. Outcomes of individuals.
2. If feasible, the certified clinic shall capture the information about individuals and care delivery electronically using widely available standards.
 3. The certified clinic shall collect and report annually the required clinic-collected quality measures in the form and manner prescribed by the department.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-38. Continuous quality improvement plan.

1. In order to maintain a continuous focus on quality improvement, the certified clinic shall develop, implement, and maintain an effective, certified clinicwide continuous quality improvement plan for the services provided. The continuous quality improvement plan must focus on indicators related to improved behavioral and physical health outcomes and take action to demonstrate improvement in certified clinic performance.
2. The certified clinic shall establish a critical review process to review continuous quality improvement outcomes and implement changes to staffing, services, and availability that must improve the quality and timeliness of services.
3. The certified clinic shall involve the medical director in the aspects of the continuous quality improvement plan which apply to the quality of the medical components of care, including coordination and integration with primary care.
4. The certified clinic's continuous quality improvement plan must address how the certified clinic shall review known significant events including, at a minimum:
 - a. Deaths by suicide or suicide attempts of individuals;
 - b. Fatal and nonfatal overdoses;
 - c. All-cause mortality among individuals;
 - d. Thirty-day hospital readmissions for behavioral health reasons; and
 - e. Such other events the state or applicable accreditation bodies may deem appropriate for examination and remediation as part of a continuous quality improvement plan.
5. The continuous quality improvement plan must be data driven and the certified clinic shall use quantitative and qualitative data in its continuous quality improvement activities. The certified clinic's continuous quality improvement plan must be in the form and manner prescribed by the department.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-39. General requirements of organizational authority and finances.

1. If the certified clinic is not operated under the authority of the Indian health service, an Indian tribe, or tribal or urban Indian organization, the certified clinic shall reach out to such entities within the certified clinic's service area and offer to enter into arrangements with those entities to assist in the provision of services to tribal members and to inform the provision of services to tribal members. If the certified clinic and such entities jointly provide services, the certified clinic and those entities shall satisfy the requirements of this subsection. At a minimum, the certified clinic shall develop written protocols for supporting coordinated care undertaken by the certified clinic and efforts to deepen the partnership over time so jointly developed protocols or formal agreements can be developed.
2. The certified clinic shall have an independent financial audit performed annually for the duration the certified clinic is designated as a certified clinic in accordance with federal audit requirements and, if indicated, shall submit a corrective action plan addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the audit report.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-40. Governance.

1. Governance of the certified clinic must be informed by representatives of the individuals being served by the certified clinic in terms of demographic factors such as geographic area, sex, disability, and age, and in terms of health and behavioral health needs. Members of the governing or advisory boards must be selected for their expertise in health services, community affairs, local government, finance and accounting, legal affairs, trade unions, faith communities, commercial and industrial concerns, or social service agencies within the communities served or in accordance with North Dakota Century Code section 50-06-05.3.
2. The certified clinic shall incorporate meaningful participation from individuals of various ages with lived experience of mental or substance use disorders, their legal representatives, and their families. Meaningful participation means involving a substantial number of individuals with lived experience, their legal representatives, and their family members in developing initiatives, identifying community needs, goals, and objectives, and providing input on service development and continuous quality improvement processes.
3. The certified clinic shall reflect meaningful participation by meeting one of the two following requirements:
 - a. At least fifty-one percent of the governing board must be comprised of individuals with lived experience of mental or substance use disorders, their legal representatives, and their families; or
 - b. Other means must be established to demonstrate meaningful participation in board governance involving individuals with lived experience, their legal representatives, and their families as an alternative arrangement. Individuals with lived experience of mental or substance use disorders, their legal representatives, and their family members must have representation in governance assures input into identifying community needs and goals and objectives of the certified community behavioral health clinic service development, quality improvement, and the activities of the certified clinic. The governing board shall establish protocols for incorporating input from individuals with lived experience, their legal representatives, and their family members, including:

- (1) Board meeting summaries must be shared with participants in the alternate arrangement and recommendations from the alternate arrangement must be entered into the formal board record.
 - (2) A member or members of this established alternate arrangement must be invited to board meetings.
 - (3) Representatives of the alternate arrangement must have the opportunity to regularly address the board directly, directly share recommendations with the board, and have their comments and recommendations recorded in the board minutes.
 - (4) The certified clinic shall provide staff support for posting an annual summary of the recommendations from this alternate arrangement on the certified clinic's website.
 - (5) The certified clinic shall provide staff support to the individuals involved in any alternate approach in a manner that is equivalent to the support given to the governing board.
4. If the certified clinic is comprised of a governmental or tribal organization, subsidiary, or part of a larger corporate organization that cannot meet these requirements for board membership, the certified clinic shall specify the reasons why it cannot meet these requirements. The certified clinic shall maintain or develop an advisory structure and describe other methods for individuals with lived experience, their legal representatives, and their families to provide meaningful participation.
 5. No more than fifty percent of the governing board members in this subsection may derive more than ten percent of their annual income from the health care industry.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-41. Accreditation.

1. The certified clinic shall maintain enrollment as a Medicaid provider and adhere to applicable state certification, licensing, and national accreditation requirements.
2. The certified clinic is required to participate in the North Dakota mental health directory and the substance abuse and mental health services administration's behavioral health treatment locator.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4

75-03-44-42. Designated collaborating organization agreement.

1. The formal relationship between a certified clinic and a designated collaborating organization must create a platform for seamlessly integrated services delivered across providers under the umbrella of a certified clinic.
2. A designated collaborating organization agreement must include provisions that assure that the required certified clinic services that a designated collaborating organization provides under the certified clinic umbrella are delivered in a manner that meets the standards of this chapter.

History: Effective April 1, 2026.

General Authority: NDCC 50-06-05.2, 50-06-41.4

Law Implemented: NDCC 50-06-05.2, 50-06-41.4