

CCBHC Preliminary Assessment Questions & Answers

November 3, 2023

The state has answered the submitted questions below to the best of its ability based on current information that is available. Final requirements for clinic certification may be subject to change as more guidance from SAMHSA develops and as the state further defines state discretionary items.

1. 1.a.1 "the State will review the needs assessment submitted by the prospective CCBHCs to determine whether it meets the 2023 criteria." When should an applicant submit their Community Needs Assessment?

- A Community Needs Assessment, meeting the [2023 SAMHSA Certification Criteria](#), must be conducted within one year of a clinic's certification.

If your Community Needs Assessment aligns with these 2023 criteria, and was completed after March 1, 2023, please send it to the state at AHS - DMH Policy via email: AHS.DMHPolicy@vermont.gov. If you have already sent it, thank you.

For those with a Community Needs Assessment that does not meet these 2023 criteria, you have two options:

1. Either provide supplemental information to meet the criteria OR
2. Outline your plan for acquiring the necessary information to comply by March 2024.

If you don't yet have a Community Needs Assessment, submit your plan to the state as soon as possible. The plan must outline a path that ensures completion of this requirement by/before March 2024.

2. 4.f.1 "The prospective CCBHC also provides or makes available through a formal arrangement traditional practices/treatment as appropriate for the people receiving services served in the CCBHC area." What does "traditional practices/treatment" mean?

- SAMHSA's language in Section 4.b.2 (p. 28 of the [2023 CCBHC Certification Criteria](#)) states:

"Person-centered and family-centered care is responsive to the race, ethnicity, sexual orientation and gender identity of the person receiving services and includes care which recognizes the particular cultural and other needs of the individual. This includes, but is not limited to, services for people who are American Indian or Alaska Native (AI/AN) or other cultural or ethnic groups, for

whom access to traditional approaches or medicines may be part of CCBHC services. For people receiving services who are AI/AN, these services may be provided either directly or by arrangement with tribal organizations.”

Traditional approaches may be identified by the person, family, and specific populations of focus. The organization will need to identify what these traditional services may be based on their comprehensive community needs assessment and person-centered and family-centered work. A few examples of spiritual/indigenous/cultural traditions combined with “conventional” care, if that is what the participant wishes, could be Reiki, Chinese Medicine, Ayurvedic, shamanic, naturopathic, and/or homeopathic practices.

3. 4.g.1 "The prospective CCBHC provides outpatient primary care screening and monitoring of key health indicators and health risk in a timely fashion." How does Vermont want to define "monitoring"?

- The state is not adding details beyond [2023 CCBHC Certification Criteria](#) at this time.

4. Criteria 4.J Is Vermont using a formal definition distinction between peer supports and peer counseling?

- The state has not developed any additional specifications or definitions at this time.

5. The way 2.b.1 is written states an initial triage with risk assessment is followed by the initial evaluation and then the comprehensive evaluation. Can the state define the documentation needed to meet those three criteria? Specifically, the initial evaluation? And the credential needed to complete the initial evaluation? Does it need to be a licensed or rostered and license seeking clinician? Does it require the 16 bio-psycho-social indicators, and if not, what would the state be looking for to meet that initial evaluation requirement?

- The initial triage with risk assessment does not have specific criteria to meet per SAMHSA at this time.
- The initial evaluation has minimum criteria that need to be met (see section 4.d.3 [pp. 29-30] of the [2023 CCBHC Certification Criteria](#)). It does not specifically call out the 16 bio-psycho-social indicators and the state is not adding additional criteria beyond what SAMHSA’s minimum requirements are at this time.
- The comprehensive evaluation has minimum criteria that need to be met as well (see section 4.d.4 [pp. 30-31] of [2023 CCBHC Certification Criteria](#)).
- The state has not identified a specific level of licensure at present regarding whether the clinician who administers either the initial evaluation or the comprehensive evaluation beyond those requirements outlined in 1.B: Licensure

and Credentialing of Providers (see sections 1.b.1 and 1.b.2. [pp. 7-8] of the [2023 CCBHC Certification Criteria](#)). Further information will be forthcoming.

6. Will Vermont consider more than 2 agencies if any additional strong applicants emerge during the selection process?

- No. At this time, the department is not considering certifying more than two agencies.

7. Will all questions on the application be weighted equally?

- There are 15 areas that are considered priority criteria for which a narrative response is required if there is a self-rating of “1 = partially there” or “2=fully meets the criteria”. These 15 areas, as well as the 4 additional priority items under scope of service that also require a narrative response, will be weighted more heavily.

8. Are the scores on this self-reported readiness assessment going to be the sole determinant of how the state selects the 2 agencies who will move forward? Or will there be another/additional component of the review process?

- The scores on the self-reported readiness assessment will be the sole determinant of the selection process. No additional components will be required for the application.

9. Can you share the make-up of who is on the selection committee?

- Yes. The selection committee is composed of:
 1. Commissioner Emily Hawes, Department of Mental Health
 2. Deputy Commissioner Alison Krompf, Department of Mental Health
 3. Director Emily Trutor, Division of Substance Use Programs, Vermont Department of Health
 4. State Medicaid Director, Monica Ogelby, Agency of Human Services
 5. Director of Medicaid Policy, Ashley Berliner, Agency of Human Services

10. Will Vermont make the scores and/or applicant submissions publicly available?

- Vermont is open to making the scores and submissions publicly available. The state will consult with applicants and legal counsel to determine the level of information to share.

11. There are two dates listed in the CCBHC readiness application for when the applications are due, November 10th in the intro paragraph, and November 13th in the preliminary schedule. Can you verify which date is the correct one?

- Applications are due on November 13th, 2023 at 12PM (noon) Eastern Time. The state apologizes for the confusion and has updated the readiness assessment to correct the error.

12. Is Vermont's application to SAMHSA to become a demonstration state competitive?

- Yes. Fifteen states will be eligible to submit applications to SAMHSA for 10 spots in the demonstration. The state expects all eligible states will apply, and the selection to be highly competitive.

13. When will Vermont know if they have been awarded demonstration status?

- Unknown. Vermont expects that the timeline will be announced when SAMHSA releases the application. [SAMHSA has not informed states when the application will be released.]

14. Can you describe what support the state will provide to the two selected agencies? (financial or otherwise)

- Vermont will assess the support needed during the application process and during conversations with the selected clinics. As consistent with other states, Vermont expects that technical assistance will be primarily through regularly scheduled meetings to problem-solve. Vermont has no funds available to support the two selected agencies.

15. Do you have any sense of the level of resources or time needed to coordinate with the state if an agency is selected?

- No, not at this time. See the answer to question 14, above, for more information.

16. Have the Clinical Quality Measures (CQM) that will be used for reporting already been defined by Vermont? If yes, will Vermont be looking at the new measures coming out in July?

- The [5 clinic-collected quality measures](#) (see pp. 11-12 via this link; also, listed below) that are required by SAMHSA will be used for reporting to the state. The state will not be requiring any optional measures for reporting at this time.
 1. Time to Services (I-SERV)
 2. Depression Remission at Six Months (DEP-REM-6)
 3. Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)
 4. Screening for Depression and Follow-Up Plan (CDF-CH and CDF-AD)
 5. Screening for Social Drivers of Health (SDOH)

17. If a clinic partially meets criteria, should we be expected to provide additional information about where we are and our plan to fully meet it, or just for those high priority criteria that Vermont has identified?

- An applicant only needs to provide additional information for the 15 areas of high priority criteria that Vermont has identified in the readiness assessment tool.

18. Will the non-selected agencies, along with the agencies that didn't apply be involved throughout in some way - even if educational or engaging on key issues?

- Vermont will make its best efforts to include non-selected agencies.

19. Last week SAMHSA provided details of the Alcohol screening/brief counseling measure and it includes using Audit-C, Audit, or Single screening, but not the CAGE-AID. Will Vermont be changing from CAGE-AID in 4D to one of the 3 SAMHSA screenings?

- Applicants must use a screening tool that meets the SAMHSA minimum requirements. Once certified, a clinic would not be required to continue use of the CAGE-AID.

Deferred (the question is important to capture and will be addressed at another location/time):

20. What are the contingencies for continued work if the state is not successful with its application?