

CCBHC Monthly Progress Update

About the Project: The Vermont Department of Mental Health (DMH), in collaboration with the Vermont Department of Health (VDH), Division of Substance Use Programs (DSU), was one of 15 states to be awarded a \$1 million, one-year state planning grant by the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop and support a comprehensive statewide plan for a network of CCBHCs in Vermont. In addition to the Core Project Team, much of the work for this project is being completed through targeted subcommittees; Clinical Criteria and Certification Process, Community Needs Assessment, Quality Measures & Data Collecting & Reporting, Financial & Billing/Coding, and Communications.

Reporting Period: October 2024

Leadership Corner: This month we saw progress to move our State towards more consistent, integrated care with the submission of 8 applications from agencies to be CCBHCs in Vermont. The time, energy, and commitment from community agencies and state partners who are working together across all realms—fiscal, supports, clinical, certification—to evolve our system of care shows the innovation, dedication, and compassion that exists. This is what makes large system change possible and successful.

Subcommittee Name	Clinical Criteria and Certification Process
Subcommittee Objectives	<p>The certification team will design the certification process as well as the process for addressing deficiencies within certified clinics and those clinics seeking certification.</p> <p>The clinical team will ensure that people with mental health and substance use needs have access to efficient, timely, and holistic care. The group will emphasize a complete scope of services. Each subgroup meeting will assign a section of the CCBHC Certification Criteria that was updated March 2023, until all required material is reviewed. There will be special attention on the six organizational framework and nine core services requirements for the CCBHC certification criteria. Goal 1: support access to MH and SU care. Goal 2: Ensure that CCBHC comprehensively address the health care needs of Vermonters and demonstrate that these services are delivered with high quality care.</p>
Team Lead	<p>Clinical Leads: Lori Vadakin, Anthony Folland Certification Leads: Eva Dayon, Patricia Breneman Team Members: Steve DeVoe, Lori Vadakin, Kheya Ganguly, Laurel Omland, Trish Singer, Cheryle Wilcox, DMH Quality team, VDH, Manatt, CMC, RMHS, VCP, Providers, FQHCs, ER/hospital, peer & family staff, schools, PCPs, housing, employment, VA, Abenaki tribe rep.</p>
Meeting Schedule	<p>November: 11/8 from 1-2 PM (facilitators only)</p>

	December: 12/4 from 9-10 AM and 12/18 from 9-10 AM
What's Happening	<ul style="list-style-type: none"> • The workgroup held two meetings in October (meetings 2 & 3) • The agenda for the second meeting of the group (on 10/18/24) included VT discretionary items on requirements 1-3 (of 6), and alignment questions for preferred provider standards that will apply to all populations in the formation of the VT CCBHC Provider Manual. • The agenda for the third meeting (on 10/30/2024) included the VT discretionary items on requirements 1-6 (of 6) and sought feedback on items not yet decided.
Key Decisions	<ul style="list-style-type: none"> • Questions from members about discretionary items and outstanding discretionary items will be brought back to DMH/VDH clinical leadership for final decisions
What's Next	<ul style="list-style-type: none"> • We continue to seek input from individuals with lived experience with substance use • Focus of this group are the decisions needed to finalize the VT CCBHC manual including: <ul style="list-style-type: none"> • discretionary items, • integration of preferred provider and DA Administrative Rule components, • clarifying questions about clinical criteria, and certification processes such as certification, corrective action, and decertification

Subcommittee Name	Community Needs Assessment
Subcommittee Objectives	The Community Needs Assessment (CNA) team will prepare a CNA Guide and design a process to evaluate assessments. Community Needs Assessments identify community needs and determine program accessibility and capacity, offers the opportunity to collaborate with community partners and integrate input from people with lived experience, and identify current conditions and desired services or outcomes in the community. CNAs are required every three years and prior to CCBHC implementation.
Team Lead	Leads: Laura Flint Team Members: <u>State Level Meetings:</u> Kheya Ganguly, Eva Dayon, Roy Belcher (VDH), Manatt, <u>Community Partner Meetings:</u> Providers and Advocacy groups (same members as the clinical/certification subcommittee)
Meeting Schedule	November: <ul style="list-style-type: none"> • <u>Contractor Meetings:</u> 11/5 from 3-3:30pm and 11/12 from 3-3:30pm; 11/19 from 3-3:30pm; 11/25 from 11:30-12pm;

	<ul style="list-style-type: none"> • <u>Standing Committee Meetings:</u> 11/4 from 12:30-3pm Adult MH State Standing Committee to review CNA, and 11/7 9-11am Children, Adolescent, & Family Standing Committee to review CNA • <u>Subcommittee Meeting:</u> 11/13 from 2-3pm; 11/27 (tentative) from 11am-12pm
What's Happening	<ul style="list-style-type: none"> • Team continues to develop guidance for the Community Needs Assessment (CNA), which plays a significant role in shaping staffing plans, staff training requirements, additional evidence-based practices, hours of service, and how to best meet the unique needs of the local community. A draft plan has been posted on the DMH website. • Input continues to be requested this month by community partners on data sources, questions to ask community members, which community partners are essential to involve, and how best to ensure underserved populations are meaningful included in the process of developing the report. • A rubric for rating the completeness of the needs assessment was drafted.
Key Decisions	<ul style="list-style-type: none"> • Additional work on the staffing plan template and finalizing the formal rubric to assess the completeness and quality of the CNA with an emphasis on quality is temporarily on hold while attention shifts to the certification guide.
What's Next	<ul style="list-style-type: none"> • The draft CNA will be updated based on input from community partners in early 2025.

Subcommittee Name	Financial and Billing/Coding
Subcommittee Objectives	<p>The billing workgroup (which has concluded) will review and assess the draft code list from providers for clinical appropriateness, recommend necessary changes, and evaluate the financial impact, including the incentive structures associated with code inclusion/exclusion.</p> <p>The financial workgroup will establish a comprehensive cost accounting framework by defining shared definitions for cost categories, identifying all staff to be included in the cost template, and setting salary parameters. Additionally, ensure clarity on the submission of direct, indirect, and non-reimbursable costs, review relevant regulations for compliance, adopt the PPS-1 financing plan for implementation, and collaborate with Guidehouse for fiscal analysis and rate development for two Designated Agencies targeted for certification by July 1, 2025.</p>
Team Lead	<p>Leads: Nicole DiStasio (Billing/Coding) and Shannon Thompson (Financial/Costing)</p> <p>Co-leads: Cara McSherry (DMH) and Emily Trutor (VDH)</p>

	Team Members: Consultant, DVHA, VDH, providers
Meeting Schedule	Recurring: 1 st and 3 rd Wednesdays from 3-430
What's Happening	<ul style="list-style-type: none"> • The primary focus throughout October has been on developing and refining the Certified Community Behavioral Health Clinics (CCBHC) Billing Manual, staffing guidance, and productivity expectations for agencies within the network. The meetings included discussions on detailed aspects of staffing, billing, service estimates, and cost distribution to ensure accuracy, compliance, and clarity in the CCBHC model. Additionally, the conversations tackled challenges related to productivity expectations and cost identification. • The work began with Guidehouse on October 15. We have had two meetings to discuss the data that will be provided and the guidance that has been given to the DAs as described above, as well as next steps with CMC and RMHS.
Key Decisions	<ul style="list-style-type: none"> • Feedback Coordination: Designated Agencies (DAs) are to consolidate and submit unified feedback for the CCBHC Billing Manual and code list by October 25. • Fringe/Salary Cost Tracking: The state clarified it needs per-staff premium equivalents for fringe/benefits costs but acknowledged challenges in individual cost identification, which may require IT and staffing resources. • Staffing Guidance: Agencies should categorize staff based on service delivery rather than titles, and the state will issue guidance on this. • Productivity Expectations: CCBHCs are expected to improve productivity organizationally, though agencies highlighted current full capacity and anticipated initial productivity drops. • Rate Studies and BLS Data: No independent rate studies will inform cost templates, and BLS data specific to Vermont will be reviewed with adjustments for lagging data. • Additional Meeting Time: Current monthly meeting time (120 minutes) is insufficient, leading to a decision for bi-monthly meetings on the 1st and 3rd Wednesdays.
What's Next	<ul style="list-style-type: none"> • Feedback Submission: Each DA to review and submit consolidated feedback on the Billing Manual by October 25. • Guidance Documentation: The state will release final staffing categorization guidance. • State Follow-up: The state team will coordinate with CMS, SAMHSA, and Guidehouse for additional guidance on fringe/benefits. • Continued Development: Further work on estimating services and productivity with consultants, balancing immediate needs with long-term transformation goals.

	<ul style="list-style-type: none"> • Guidehouse to set up meetings with CMC and RMHS to begin discussing the cost templates. • Agenda and Meeting Topics: State team to include BLS data expectations on future agendas; network to compile topics for the additional meeting sessions.
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Subcommittee Name	Quality Measures & Data Reporting
Subcommittee Objectives	The Quality Measures and Data Reporting team will develop standardized processes for data collection, querying, and reporting of CCBHC quality measures.
Team Lead	Lead: Steve DeVoe, Patty Breneman Team Members: Vermont Care Partners, Designated Agency Quality Leads, Providers
Meeting Schedule	<ul style="list-style-type: none"> • Monthly • Next meeting: Monday, December 2nd, 2-3p via Teams
What's Happening	<p>Began review of all CCBHC Quality Measures (18 measures total [5 clinic-collected; 13 state-collected]) and Data Reporting processes, per SAMHSA requirements</p> <ul style="list-style-type: none"> • CCBHC Data Reporting Template review and population reporting requirements was completed (<i>ccbhc-data-demonstration-templates.xlsx</i>) • CCBHC Quality Measures Technical Measurement Specifications manual introduced (<i>Quality Measures for Behavior Health Clinics – Technical Specifications and Resource Manual</i>) <ul style="list-style-type: none"> ○ Began review of CCBHC clinic-collected quality measure (5 total) <ul style="list-style-type: none"> ▪ Time to Services [I-SERV] measure review completed
Key Decisions	<ul style="list-style-type: none"> • Detailed review of all CCBHC Quality Measure will continue • No other decisions occurred or any feedback from VCP/DA partners
What's Next	<ul style="list-style-type: none"> • Continue review of CCBHC clinic-collected quality measures

Subcommittee Name	Communications
Subcommittee Objectives	The work of the Communications team is embedded through all of the CCBHC activities and includes developing a schedule of project status, facilitating public meetings, maintaining a list of frequently asked questions (FAQs), and ensuring collaboration across internal and external partners.
Team Lead	Leads: Lori Vadakin, Laura Flint Team Members: AHS Leadership, DMH Leadership, Cheryle Wilcox, Nicole DiStasio, Alex Franz

Meeting Schedule	None to date. The Communication activities are embedded in all CCBHC activities.
What's Happening	<ul style="list-style-type: none"> • Blueprint/HUB/Spoke/CCBHS information to be posted 11/5/24 • On 10/28/2024, CCBHC leadership questions gathered from the Certification/Clinical subgroup that will be answered and serve as the second round of Frequently Asked Questions (FAQ) and will be posted on the DMH website in November. • After the CCBHC Billing/Costing meeting 10/23/24, DAs had many billing/costing inquiries, and those questions/answers will also be posted on the DMH website.
Key Decisions	
What's Next	<ul style="list-style-type: none"> • Ongoing updates and resources will continue to be shared to assist with the influx of questions and to keep stakeholders informed.