

**VT CCBHC**

**Clinical Criteria and Certification  
Process Subcommittee**

**Meeting 12/18/24**



# Agenda

**5 minutes: Inform:** Transition and Review Agenda

Broad goal: Discuss Requirements 5: **Quality and other Reporting** and 6: **Organizational Authority, Governance, and Accreditation**

**5 minutes: Inform:** Overview of Certification Process

**15 minutes: Discuss:** Corrective action plan and decertification development process

**10 minutes: Inform:** Draft Vermont Provider Manual for CCBHC

**5 minutes: Inform:** Updates to questions received

**10 minutes:** Public comment

**5 minutes:** Next Agenda and Wrap Up



# **Certification Process**

**(Inform)**



# Certification Process\*

Notification of intention to review for Certification

Document Submission & Review

Request for more information, if necessary

Site Visit

- Physical space review
- Interviews with groups:
  - Leadership & Board of Directors
  - Staff
  - People receiving services & Committees
  - Community Partners

- State Data
- Chart Review
- Public Comment
- Cost Template Review

Report Drafted

Provider Reviews Draft Report and submits feedback

Report Finalized

Standing Committee Recommendation

Commissioners Decision

IAP/ CAP

\* Agency Designation will be fulfilled by this same process, at the same time

# **Corrective Action Plan & Decertification**

## **Process Development**

**(Discuss)**



# CAP / Decertification Process Development

- Review processes [Joint Commission](#) and [CARF](#) use
- Compare to current processes the Department of Mental Health and Department of Health – Division of Substance Use currently use
- Review processes other CCBHC states use, especially as described in their provider manuals: [Michigan](#), [Maine](#), [Iowa](#), Missouri, Kansas, Nevada



# Certification Levels in Proposed Vermont Model

- 1. Full Certification**, no corrective action plan
- 2. Provisional Certification**, corrective action plan for up to six months post state approval of plan, PPS rate continues through period. If an item cannot be resolved in six-month timeframe, the agency will not retain the PPS rate, and the site will not be eligible for recertification for at least 12 months.
- 3. Decertification**, with an opportunity for the agency to appeal

# Corrective Action Pathways

**1. Informal Accountability Plan (IAP) does NOT impact certification status**

**2. Corrective Action Plan (CAP), up to six months to resolve, places agency on Provisional Status**

**3. Decertification, no CAP option planned unless agency appeals**





# Required Notifications to the State

## May prompt a re-review of certification status

- Inability to provide CCBHC required services to eligible individuals
- Closing or opening a service delivery site, including starting or ending a Designating Collaborating Organization (DCO) arrangement
- Staff changes limiting the ability to provide services as certified, including a medical director
- Change in capacity to implement required EBPs

# Conditions for Decertification

- Failure to provide the Department with requested documentation required to determine that CCBHC requirements are met.
- Failure to correct any deficiencies in meeting CCBHC requirements.
- Consumer complaints resulting in non-compliance with CCBHC requirements.
- Failure to maintain required licensures, certifications, and accreditations.
- Non-compliance with rate setting, including rebasing processes.
- Misrepresentation of any required data reported to the Department

# What may qualify for Corrective Action?

Example concern	Potential Correction	Would qualify for provisional/decertification status?
Policy/document updates (i.e. rights & responsibilities, board of directors bylaws)	Informal accountability plan (IAP). Timeframe negotiable.	<b>No</b> , unless unresolved on agreed upon timeframe.
Refresh staff on training topic, training is already developed	Informal accountability plan (IAP). Timeframe negotiable.	<b>No</b> , unless unresolved on agreed upon timeframe.
Clinical chart review findings i.e. treatment plan goals lack the “why”, clinical assessment misaligned with CANS/ANSA, crisis plans too generic	Potential Corrective Action Plan (CAP) or IAP, depending on severity and agency plan to resolve.	<b>Maybe</b> , depending on severity of concern.
Designated Collaborating Organization (DCO) relationship needs formation, may impact core services	Likely CAP, depending on severity of impact to core services.	<b>Likely</b> , depending on severity of impact to core services.
Medical Director retires	Corrective Action Plan (CAP).	<b>Yes</b> , unless a replacement has been identified with interim plan in place if gap in coverage exists.

# **VT CCBHC Provider Manual Draft (Inform)**



# VT's CCBHC Certification Manual

VT will release a draft CCBHC Certification Manual that details requirements to achieve and retain CCBHC certification consistent with federal SAMHSA 2023 [Certified Community Behavioral Health Clinic \(CCBHC\) Certification Criteria](#) and Vermont-specific criteria. The Vermont-specific requirements were developed in consultation from the Clinical Criteria and Certification Process Subcommittee.

*VT's draft CCBHC Certification Manual is organized according to the six federal SAMHSA CCBHC Certification Criteria program requirements:*

1. **Staffing**
2. **Availability and Accessibility of Services**
3. **Care Coordination**
4. **Scope of Services**
5. **Quality and Other Reporting**
6. **Organizational Authority, Governance and Accreditation**

Sections 1, 5, and 6, highlighted in green, are currently posted in draft form and available for review.



# VT-Specific CCBHC Requirements: Examples

The Certification Manual includes Vermont-specific criteria across the six CCBHC program requirements to align with DMH standards for Designated Agencies in the [Mental Health Provider Manual](#) and VDH [standards for Preferred Providers](#).

*Examples of Vermont-specific criteria detailed in the draft Certification Manual include:*

- **Staffing**
  - **Community Needs Assessments:** Vermont-specific elements for completing Community Needs Assessments for initial certification and every three years for recertification.
  - **Provider Requirements:** Vermont requirements for permanent Medical Directors, licensure/credentialing for providing substance use disorder treatment and mental health services in Vermont, and certified peers.\*
- **Governance:** At least 51 percent of a CCBHC's governing board must be comprised of individuals with lived experience of mental and/or substance use disorders and families.

\*This requirement does not preclude CCBHCs from employing and offering services by non-certified peers.



# VTs CCBHC Certification Manual

Please submit any additional feedback or questions on the VT's draft CCBHC Certification Manual to [AHS.DMHQuality@vermont.gov](mailto:AHS.DMHQuality@vermont.gov).



# **Questions Received**

## **(Inform)**





# Questions Received

## Clarification of previous slide deck

The following are required Evidence Based Practices are required for CCBHCs:

1. Person-Centered Treatment Planning
2. Cognitive Behavioral Therapy (CBT)
3. Attachment, Regulation, and Competency (ARC)  
*for children up to age 21 who have had trauma in their lives*
4. Dialectical Behavior Therapy (DBT)
5. Individual Placement and Support (IPS) -  
Evidence-Based Supported Employment
6. Medications for Opioid Use Disorder (MOUD)
7. Medications for Alcohol Use Disorder (MAUD)
8. Nicotine Replacement Therapy (NRT)
9. Motivational Interviewing (MI)
10. Collaborative Assessment and Management of Suicidality (CAMS)

# Questions Received

All other questions received should be answerable in one of the following areas:

- [SAMHSA's CCBHC Guidelines](#) or [Data Reporting Manual](#)
- [SAMHSA's Frequently Asked Questions for CCBHC](#)
- Vermont's (currently draft) [CCBHC Billing Manual](#)
- Vermont's (currently draft) Certification guide



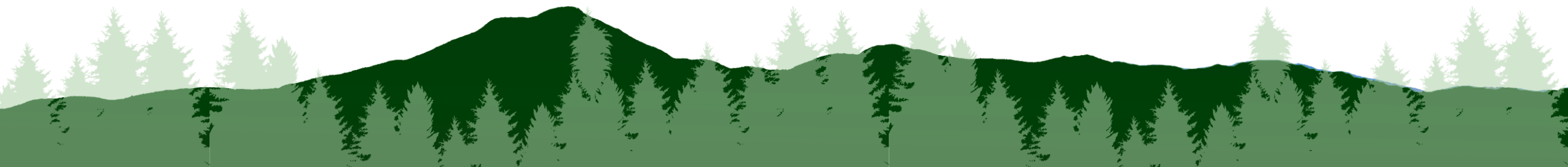
# Public Comment & Questions



# Where do we go from here?

The last meeting for this subgroup is scheduled for 1/8 from 11am-12pm. We will use that meeting for any final action items for this subcommittee. Currently that includes:

- Review of sections 2-4 of the certification manual



# Thanks for coming!

## Last Meeting Date

1/8 from 11am-12pm

## Clinical Criteria State Leads

DMH – [Lori Vadakin](#)

VDH – [Tony Folland](#)

## Certification Process State Leads

DMH – [Eva Dayon](#)

VDH – [Patty Breneman](#)

