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Vermont Community-Based Integrated Health Centers (CCBHC) Certification Manual

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OVERVIEW

The Vermont Certified Community-Based Integrated Health Centers¹ (CCBHC) Certification Manual is a resource for organizations participating in Vermont's CCBHC Demonstration beginning in July 2025. Section 223 of the Protecting Access to Medicare Act of 2014 (PAMA) established the CCBHC Demonstration, which allows participating states to pilot the CCBHC model for delivering integrated mental health and substance use services in community clinics and to reimburse services through a Medicaid prospective payment system. This Certification Manual details requirements that organizations in Vermont must meet to achieve and retain CCBHC certification consistent with federal Substance Abuse and Mental Health Services Administration (SAMHSA) 2023 [Certified Community Behavioral Health Clinic \(CCBHC\) Certification Criteria](#) and Vermont-specific criteria. The Vermont Certification Manual is organized according to the six federal SAMHSA CCBHC Certification Criteria program requirements (Staffing; Availability and Accessibility of Services; Care Coordination; Scope of Services; Quality and Other Reporting; and Organizational Authority, Governance and Accreditation). The Certification Manual includes Vermont-specific criteria across the six CCBHC program requirements to align with Vermont Department of Mental Health (DMH) standards for Designated Agencies detailed in the [Mental Health Provider Manual](#) and Vermont Department of Health (VDH) [standards for Preferred Providers](#).

CCBHCs are a central part of Vermont's long-term strategy for its mental health and substance use delivery system. Vermont envisions that CCBHCs will provide high-quality, integrated, trauma-responsive care to treat Vermonters with mental health and substance use disorder (SUD)-related needs. CCBHCs must offer individuals, regardless of their insurance status, nine required mental health and substance use services. These required CCBHC services include crisis services, screening and assessment, patient-centered treatment planning, outpatient mental health and substance use services, primary care screening and monitoring, targeted case management, psychiatric rehabilitation services, peer support and counseling and services for veterans and active-duty military personnel.

In accordance with federal requirements, CCBHCs in Vermont must be certified by the Vermont Agency of Human Services (AHS) for meeting SAMHSA and state certification criteria detailed in this guide to receive prospective payment system reimbursement for delivering the nine required CCBHC services (*see service details below in Part 4, Scope of Services*). In Vermont, CCBHCs must meet DMH standards for Designated Agencies in areas where SAMHSA requirements are less stringent or have no stance compared to Vermont's existing standards. The requirements listed throughout the Vermont CCBHC Certification Manual differentiate federal SAMHSA requirements and Vermont-specific requirements. The Vermont-specific requirements throughout this Certification Guide were developed with consultation from Vermont's public Clinical Criteria and Certification Process Subcommittee. CCBHCs must be recertified every three years to continue participating in the CCBHC Demonstration and to receive the Prospective Payment System (PPS) rate.

PART 1: STAFFING

To achieve and maintain certification, CCBHCs must meet the following staffing requirements from SAMHSA, detailed below:

- ✓ Complete a Community Needs Assessment
- ✓ Align with general staffing, licensure, and credentialing requirements
- ✓ Establish partnerships with Designated Collaborating Organizations (DCOs), as applicable

¹ In Vermont, Certified Community Behavioral Health Clinics are called Certified Community-Based Integrated Health Centers.

- ✓ Create a staffing plan informed by Community Needs Assessment findings
- ✓ Meet cultural responsiveness and other training requirements
- ✓ Ensure linguistic competence to provide meaningful access to services

A. COMMUNITY NEEDS ASSESSMENT

SAMHSA Requirements

CCBHCs must complete a Community Needs Assessment at least every three years to understand the needs of their community and work to ensure they can meet their community's needs.

SAMHSA-required elements² of the Community Needs Assessment include:

1. *Service Area*: A description of the recognized geographic boundaries, municipal or county borders, zip codes, or census tracts of the service area, including identification of sites where services are delivered by the CCBHC, including through Designated Collaborating Organizations
2. *Mental Health & Substance Use Disorder Prevalence*: Information about the prevalence of mental health and substance use disorders and related needs in the service area, such as rates of suicide and overdose
3. *Social Drivers of Health (SDOH) & Economy*: Economic factors and SDOH affecting the population's access to health services, such as percentage of the population with incomes below the poverty level and access to transportation, nutrition, and stable housing
4. *Culture & Languages*: Cultures and languages of the populations residing in the service area
5. *Underserved Populations*: The identification of underserved populations within the service area
6. *Staffing Plan*: The Community Needs Assessment should include a description of how its forthcoming staffing plan will address the findings from the assessment.
7. *Plan to Update Community Needs Assessment*: Plans for updates to the assessment and staffing plan every three years
8. *Plan to Gather Community Input*: Organizations will be required to detail the input provided through interviews, focus groups and surveys, including from people with lived experience and other community partners that informs:
 - Cultural, linguistic, physical health, mental health and substance use treatment needs;
 - Evidence-based practices and mental health and substance use crisis services;
 - Access and availability of CCBHC services, including days, times and locations and telehealth options; and
 - Potential barriers to care such as geographic barriers, transportation challenges, economic hardship, lack of culturally responsive services and workforce shortages.

Vermont Requirements

Organizations in Vermont that have already completed a Community Needs Assessment as part of the SAMHSA CCBHC Expansion grant program can use their existing assessment for CCBHC Demonstration certification if it was completed in the three-year federally required timeframe prior to the demonstration start date. If an organization's existing Community Needs Assessment contains only some, but not all, of the required information from SAMHSA's 2023 Certification Criteria, they should supplement their existing Community Needs Assessment to include any missing information. CCBHCs will be required to address the Vermont-specific elements below when

² For additional details, see Appendix A (page 51) of SAMHSA's [CCBHC Certification Criteria](#) and the National Council for Mental Wellbeing's CCBHC [Community Needs Assessment Toolkit](#).

updating their Community Needs Assessment for initial certification and every three years for recertification during the CCBHC Demonstration.

Organizations must collect data in their Community Needs Assessment on under-represented populations to ensure they have access to integrated and holistic CCBHC care. These populations include Vermonters who identify as:

- Low-income
- Unhoused
- Black, Indigenous – especially Abenaki and Persons of Color
- LGBTQIA+
- Having disabilities

The organization's ability to collect and analyze data is a critical component of completing the Community Needs Assessment. Organizations are encouraged to use available data from local hospital needs assessments, Federally Qualified Health Centers (FQHCs) and/or other needs assessments to complete the CCBHC Community Needs Assessment. Providers must cite all data sources used in their needs assessment. See Appendix 1 of this Certification Manual for additional details on Vermont-specific data sources.

Vermont also requires that organizations survey, interview and conduct focus groups with six or more participants with providers and people in need of services and their family members in their service area regarding their needs. Organizations should include the following community partners in their qualitative data collection:

- Community members who reside in the CCBHC's service area
- Current, past, or potential clients seeking mental health and substance use services and/or their families/caretakers
- Other local service providers
- Community leaders from local schools, religious organizations, Vermont Abenaki tribes, social service organizations, nonprofits, law enforcement, primary care offices, employment services, employer groups, FQHCs, Preferred Providers, peer service organizations, emergency departments, housing providers and other community organizations
- Members of their board of directors and advisory board(s)
- Relevant state agencies and regional offices

Vermont strongly recommends collaboration with local FQHCs and/or hospitals, which are also required to regularly assess regional needs; CCBHCs will need to supplement any local FQHC or hospital needs assessment to meet the state's community needs assessment requirements. Organizations must consult with their local program standing committees, and Board of Directors (or equivalent) to obtain input on the creation and administration of the Community Needs Assessment.

B. GENERAL STAFFING REQUIREMENTS

SAMHSA Requirements

CCBHCs' staff qualifications and levels must correspond to the size, composition, and service needs of the population in the CCBHC's service area.

- CCBHC Management Team: The CEO of the CCBHC must maintain a fully staffed management team based on current community needs. This team must include at least a (1) CEO/Project Director and a (2) psychiatrist as Medical Director, who does not have to be a full-time employee. Depending on the size of the CCBHC, both positions (CEO or equivalent and the Medical Director) may be held by the same person.

The CCBHC must have a formal arrangement to access consultation for substance use treatment by physician or specialists if the CCBHC's Medical Director lacks experience in treating substance use disorders.

- **Vermont requires** CCBHCs to employ permanent Medical Directors that are board-certified or board-eligible physicians in psychiatry consistent with DMH's standards for Designated Agencies. On a limited-time corrective action basis, CCBHCs in Vermont can employ an Advanced Practice Registered Nurse while they recruit a permanent medical director who meets Vermont's requirements.

SAMHSA requires CCBHCs' staff to have expertise in the following areas:

- Medically trained mental health and substance use provider(s) who can prescribe and manage medications for treating opioid, alcohol and tobacco use disorders (this does not include methadone for the treatment of opioid use disorder, unless the CCBHC is also an Opioid Treatment Program)
- Certified/licensed substance use treatment counselors or specialists
- Staff with expertise in trauma
- Staff with expertise in promoting the recovery of children and adolescents with serious emotional disturbance
- Staff with expertise in promoting the recovery of adults with serious mental illness
- **Vermont requires** that CCBHCs use their Community Needs Assessments to determine which staff disciplines are needed beyond those currently required by SAMHSA.

SAMHSA requires CCBHCs to maintain adequate liability/malpractice insurance.

For additional details on SAMHSA's CCBHC staffing requirements, see pages 6-8 of SAMHSA's 2023 [CCBHC Certification Criteria](#).

C. LICENSURE AND CREDENTIALING OF PROVIDERS

SAMHSA Requirements

SAMHSA requires that CCBHC and DCO providers hold and maintain all required state licenses, certifications, or credentials and must operate within their state-approved scope of practice.

Vermont Requirements

Providers must be licensed in Vermont to provide substance use disorder treatment, or:

- Have or acquire an Addiction Apprentice Professional certificate through the Office of Professional Regulation within 180 days of hire
- Have an alcohol and drug abuse counselor certificate, or
- Possess a master's degree, be rostered with the Vermont Office of Professional Regulation and be actively fulfilling the required number of hours of supervised work experience providing alcohol/drug counseling commensurate with their degree, as outlined by the [Vermont Office of Professional Regulation](#)

In accordance with DMH standards, providers delivering mental health services should refer to the [Mental Health Provider Manual](#) (pages 18-19) for current staff qualification requirements.³ For example, supervised billing staff

³ For non-licensed Psychiatric Nurse Practitioners refer to Section 3.6 – Supervised Billing for Behavioral Health Services in the Vermont Medicaid General Billing and Forms Manual, located at <http://www.vtmedicaid.com/assets/manuals/GeneralBillingFormsManual.pdf>

requirements apply for staff providing initial and comprehensive assessment, or individual, family, or group therapy. There are separate requirements for those providing crisis services, and a unique set for those providing medication and medical support services. Clinical assessments must be completed by staff who meet one of the following qualifications:

- Licensed physician certified in psychiatry by the American Board of Psychiatry and Neurology directly affiliated with the Designated Agency/Specialized Services Agency
- Licensed psychiatric nurse practitioner directly affiliated with the Designated Agency/Specialized Services Agency
- A staff member of the Designated Agency/Specialized Services Agency who holds one of the following credentials: Licensed Psychologist; Licensed Marriage and Family Therapist; Licensed Clinical Mental Health Counselor; Licensed Independent Clinical Social Worker; Licensed Alcohol and Drug Counselor
- For master's level, or BA level intern providing clinical services through a formal internship as part of a clinical master's level program, non-licensed, rostered clinical staff, Supervised Billing rules apply.
- Any subcontractor must meet both of the following requirements:
 - Meet staff qualifications described above; and,
 - Be authorized by the Designated Agency's/Specialized Services Agency's Medical Director as competent to provide the service based on their education, training, or experience.

As appropriate, CCBHCs must also align with current practices in the VDH [standards for Preferred Providers](#) (page 21) that clinical assessments be completed by qualified personnel trained in the applicable tools, tests, instruments, prior to administration, and be signed off by a licensed professional.

Vermont requires that peer services at CCBHCs that draw down the CCBHC PPS rate be delivered by [certified peers](#). This requirement does not preclude CCBHCs from employing and offering services by non-certified peers.

Vermont also requires that CCBHCs have a written non-discrimination policy, a staff code of ethics, policies that outline staff responsibilities for substance use disorder counseling, conduct employment background checks, and provide documented personnel policies to staff. CCBHCs must maintain minimum standards for job descriptions, maintain personnel records for each staff member, perform annual staff evaluations and ensure clinical supervision of any clinical or direct service personnel occurs at least twice monthly for relevant positions. CCBHCs must maintain policies and procedures to address any employee performance issues, must ensure students, interns, and volunteers are held accountable to staff policies and procedures, and must make ongoing education in substance use disorder treatment and prevention services available to employees delivering billable substance use disorder treatment services. For additional details, see pages 11-13 of the VDH [standards](#) for Preferred Providers.

D. DESIGNATED COLLABORATING ORGANIZATIONS (DCOS)

SAMHSA Requirements

Per SAMHSA requirements, CCBHCs can contract with, establish a memorandum of agreement, or establish a memorandum of understanding with a DCO to deliver one or more of the nine required CCBHC services. A DCO is an entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC. CCBHCs enter DCO arrangements to deliver specialized services that the CCBHC does not provide directly within their clinic. For example, a CCBHC may enter a DCO relationship with a community-based organization providing family partners to meet the peer support services requirements detailed below in Part 4D, Peer Supports, Peer Counseling and Family/Caregiver Supports.

DCOs are expected to closely coordinate with CCBHCs to ensure integrated service delivery.

- CCBHCs and DCOs should streamline administrative processes to integrate care for people receiving services and their families such as coordinating intake processes, coordinating treatment planning, information sharing and direct lines of communication.
- DCOs may further integrate services by including DCO providers on CCBHC treatment teams or co-locating services.
- DCOs must meet all SAMHSA and Vermont-specific clinical, staffing, operational and quality standards for CCBHC services.
- Providers are not required to be Medicaid providers in order to have a formal DCO relationship with a CCBHC.
- The cost of DCO services is included within the CCBHC prospective payment system. DCO encounters will be treated as CCBHC encounters for the purposes of the PPS. Referrals to non-DCO providers are handled through traditional Medicaid or other funding sources. For additional details, see Section 5.1 (page 42) of CMS' [CCBHC Prospective Payment System Guidance](#) and Appendix A (page 51) of SAMHSA's 2023 [CCBHC Certification Criteria](#).

Regardless of its DCO relationships, the CCBHC is responsible for assuring that people receiving services from the CCBHC receive all nine services as needed in a manner that meets the requirements of the CCBHC certification criteria. For additional details on DCO expectations, see Appendix A (page 53) SAMHSA's 2023 [CCBHC Certification Criteria](#).

E. STAFFING PLAN

SAMHSA Requirements

CCBHCs detail the staff they will need to hire in their staffing plans to meet the required clinical, peer and other staff disciplines to address the mental health and substance use needs within their service areas. Per SAMHSA Requirements, CCBHCs' staffing plans must be informed by the findings of the Community Needs Assessment.

- The CCBHC must maintain a core workforce of employed and contracted staff as per the staffing plan.
- Staffing should be appropriate to address the needs of people receiving services at the CCBHC as reflected in their treatment plans.
- The staffing plan must be updated regularly, at least once every three years.

Vermont Requirements

Staffing plans, including any DCO providers that deliver services in collaboration with the CCBHC, must adhere to the [requirements set forth by DMH](#) for Designated Agencies and [existing VDH standards](#) for Preferred Providers, in addition to meeting SAMHSA's CCBHC certification standards described in the General Staffing Requirements section above.

F. STAFF TRAINING REQUIREMENTS, INCLUDING CULTURAL RESPONSIVENESS

SAMHSA Requirements

Per [SAMHSA requirements](#), CCBHCs must provide a training plan for all staff and contractors who directly interact with service recipients or their families. During orientation and at regular intervals, the CCBHC must offer training on:

- Evidence-based practices (EBPs) (*see details on required EBPs below in Part 4E, Outpatient Mental Health and Substance Use Services*)
- Cultural responsiveness (race, ethnicity, age, sexual orientation, gender identity, military, and veteran needs)
- Person-centered and family-centered care

- Recovery-oriented planning and services
- Trauma responsiveness
- Continuity of operations/disasters
- Coordination with primary care
- Risk assessment*
- Suicide and overdose prevention*
- Roles of family and peers*

*CCBHCs must provide training annually on risk assessment; suicide and overdose prevention and response; and the roles of family and peer staff. For additional details, see page 8 of SAMHSA’s 2023 [CCBHC Certification Criteria](#).

Vermont Requirements

Vermont requires that CCBHC training plans include DMH and VDH requirements and satisfy any Vermont state accreditation requirements. In particular:

- In alignment with VDH [standards](#) for Preferred Providers, providers must maintain an annual plan that describes accomplishments, progress on goals and plans to adhere to the national standards for Culturally and Linguistically Appropriate Services in their region.
- When active-duty military personnel or veterans are being served, training must also cover information on military culture.
- CCBHCs must also have policies for assessing staff competency and document successful completion of training and competency in staff records. Trainings may be conducted online.

G. LINGUISTIC COMPETENCE AND AMERICANS WITH DISABILITIES ACT COMPLIANCE

SAMHSA Requirements

CCBHCs must ensure meaningful access to services.

- Interpretation and translation services must be available for English Language Learners (ELL). Interpreters should be trained to the extent possible in medical and mental health and substance use treatment contexts.
- Auxiliary aids and Americans with Disabilities Act (ADA)-compliant services should be provided to individuals with physical, cognitive, or developmental disabilities, such as sign language interpreters and teletypewriter lines.
- Essential documents or information about accessing CCBHC services like registration forms and sliding fee schedules need to be accessible online and in print in languages commonly spoken within the community served, considering community literacy levels and the need for alternative formats.

For additional details, see page 10 of SAMHSA’s 2023 [CCBHC Certification Criteria](#).

Vermont Requirements

CCBHCs in Vermont must meet standards for Designated Agencies for accessibility and the provision of both voluntary and court-ordered services detailed on pages 12-13 of the [Administrative Rules on Agency Designation](#).

CCBHCs in Vermont must operate in compliance with the ADA and meet the following DMH accessibility requirements:

- Have accessible parking, entrances, private meeting spaces, and bathrooms.
- Provide accessible transportation for individuals who cannot easily reach its services.
- Provide clients with information and communication about their authorized representatives in an accessible format.
- Have policies and procedures that offer individualized accommodations based on specific needs.

PART 5: QUALITY AND OTHER REPORTING

A. DATA COLLECTION, REPORTING AND TRACKING

SAMHSA Requirements

CCBHCs must have the ability to collect, report and track encounter, outcome, and quality data. This includes, but is not limited to, data on: (1) characteristics of individuals receiving services; (2) staffing; (3) access to services; (4) utilization of services; (5) screening, prevention and treatment; (6) care coordination; (7) other care processes; (8) costs; and (9) outcomes of individuals receiving services.

Where feasible, information about individuals receiving services and care delivery should be captured electronically using widely available standards. There are two types of CCBHC quality measures: Clinic-Collected measures and State-Collected measures.

- *Clinic-Collected measures* are based on clinical data from electronic health records (EHRs) or other electronic administrative sources. They are calculated by the CCBHC and submitted to the state nine months after the end of the measurement year.
- *State-Collected measures* are based on administrative claims, encounter data, pharmacy data and survey data. They are calculated by the state for each CCBHC and are reported to SAMHSA annually via a single submission with the Clinic-Collected measures. States submit the results to SAMHSA twelve months after the end of the measurement year.

For additional details on CCBHC quality measures, see SAMHSA's [Quality Measures for Behavioral Health Clinicals Technical Specifications and Resource Manual](#). Additional details on SAMHSA's data collection and reporting requirements are described in Appendix B of the SAMHSA 2023 [CCBHC Certification Criteria](#). CCBHC Clinic-Collected and State-Collected quality measures required by SAMHSA and Vermont are included below in Table 1.

Vermont Requirements

CCBHCs in Vermont must update their EHR to comply with SAMHSA and Vermont requirements to submit Clinic-Collected quality measures to Vermont.

TABLE 1: CCBHC CLINIC-COLLECTED AND STATE-COLLECTED QUALITY MEASURES LIST

Clinic-Collected Quality Measures
Required by SAMHSA
<ul style="list-style-type: none">• Time to Services (I-SERV)• Depression Remission at 6 months (DEP-REM-6)• Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)• Screening for Clinical Depression and Follow-Up Plan (CDF-CH and CDF-AD age groups)• Screening for Social Drivers of Health (SDOH)
State-Collected Quality Measures
Required by SAMHSA
<ul style="list-style-type: none">• Patient Experience of Care Survey• Youth/Family Experience of Care Survey• Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)• Follow-Up After Hospitalization for Mental Illness, ages 18+ (adult) (FUH-AD)• Follow-Up After Hospitalization for Mental Illness, ages 6 to 17 (child/adolescent) (FUH-CH)• Follow-Up After Emergency Department Visit for Mental Illness (FUM-CH and FUM-AD)

- **Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)**
- **Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-CH and FUA-AD)**
- **Plan All-Cause Readmissions Rate (PCR-AD)**
- **Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH)**
- **Antidepressant Medication Management (AMM-BH)**
- **Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)**
- **Hemoglobin A1c Control for Patients with Diabetes (HBD-AD)**

B. COST REPORTING

SAMHSA Requirements

As part of the CCBHC Demonstration, SAMHSA requires that CCBHCs annually submit a cost report with supporting data within six months after the end of each demonstration year to the state.⁴ Vermont will review the submission for completeness and submit the report and any additional clarifying information within nine months after the end of each demonstration year to CMS (SAMHSA 2023 [CCBHC Certification Criteria](#), page 44). States are required to rebase their prospective payment rates at least once every three years; states must rebase for Demonstration Year 3 (DY3) using their DY2 cost report data. For additional details on Vermont's cost reporting and billing expectations for CCBHCs, please reference Vermont's CCBHC Billing Manual (*Vermont's Draft CCBHC Billing Manual is [available here](#)*).

C. CONTINUOUS QUALITY IMPROVEMENT PLANNING

SAMHSA Requirements

SAMHSA requires CCBHCs to maintain a continuous focus on quality improvement. CCBHCs are required to develop, implement, and maintain an effective, CCBHC-wide continuous quality improvement (CQI) plan for the services provided. CQI plans should focus on indicators related to improved outcomes and actions to demonstrate improvement in CCBHC performance. CQI plans must address how the CCBHC will review significant events, including at a minimum:

- Deaths by suicide or suicide attempts by people receiving services
- Fatal and non-fatal overdoses
- All-cause mortality among people receiving CCBHC services
- 30-day hospital readmissions for psychiatric or substance use reasons; and
- Such other events the state or applicable accreditation bodies may deem appropriate for examination and remediation as part of a CQI plan

The CQI plan should include an explicit focus on populations experiencing health disparities (including racial and ethnic groups and sexual and gender minorities) and address how the CCBHC will use disaggregated data from the quality measures and, as available, other data to track and improve outcomes for populations facing health disparities. At a minimum, the CQI plan should address the data from CCBHC-Collected and, as applicable, State-Collected, quality measures. For additional details on CQI plan requirements, see page 44 of the 2023 [CCBHC Certification Criteria](#).

Vermont Requirements

Aligning with Vermont's Preferred Provider [standards](#), CCBHCs will need to report all critical incidents within 24 hours to the appropriate state department (DMH or VDH). CCBHCs will also be required to adhere to Vermont's current [Critical Incident Reporting Requirements](#).

⁴ Vermont's CCBHC Demonstration will begin on July 1, 2025 and end on June 30, 2029.

PART 6: ORGANIZATIONAL AUTHORITY, GOVERNANCE AND ACCREDITATION

A. ORGANIZATIONAL AUTHORITY AND FINANCES

SAMHSA Requirements

SAMHSA requires CCBHCs to maintain documentation establishing the CCBHC conforms to at least one of the following statutorily established criteria:

- Is a non-profit organization, exempt from tax under Section 501(c)(3) of the United States Internal Revenue Code
- Is part of a local government behavioral health authority⁵
- Is 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. 450 et seq.)
- Is 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. 1601 et seq.)

SAMHSA also requires that CCBHCs enter into arrangements with tribal entities in their service areas to support the provision of services to tribal members.

In addition, an independent financial audit is conducted annually for CCBHC providers per federal requirements. If needed, a corrective action plan addressing all findings, questioned costs, reportable conditions and material weaknesses must be submitted to the state.

For additional details on SAMHSA's organizational authority and finance requirements for CCBHCs, see pages 46-47 of the 2023 [CCBHC Certification Criteria](#).

B. GOVERNANCE

SAMHSA Requirements

SAMHSA requires CCBHC governance to reflect the demographics of those served, including geographic area, race, ethnicity, sex, gender identity, disability, age, sexual orientation and health needs (SAMSHA 2023 [CCBHC Certification Criteria](#), pages 46-47).

- CCBHCs must ensure individuals with lived experience of mental and/or substance use disorders and their families, including youth, meaningfully participation in CCBHC leadership and decision-making. This includes involving people with lived experience and family members in developing initiatives, identifying community needs, providing input on service development and CQI processes, budget development and fiscal decision-making.
- CCBHC governing board members must be chosen for their expertise in sectors such as health services, community affairs, local government, finance, legal affairs, trade unions, faith communities, commerce, industry, or social services. No more than half of the governing board members may earn more than 10 percent of their annual income from the healthcare industry.

Vermont Requirements

Vermont requires that CCBHCs align with SAMHSA's "Option 1" for CCBHC governance: that at least 51% of a CCBHC's governing board is comprised of individuals with lived experience of mental and/or substance use

⁵ Note: A CCBHC is considered part of a local government behavioral health authority when "a locality, county, region or state maintains authority to oversee behavioral health services at the local level and utilizes the clinic to provide those services" ([CCBHC Certification Criteria, page 45](#)).

disorders and families. CCBHCs must describe how it current meets this governance requirement or have a transition plan and timeline for how they will come into compliance. There must be representation for all three service populations: adult mental health, child, youth, and family mental health, and substance use. CCBHCs in Vermont are also expected to have standing committee(s) in alignment with Vermont's [Administrative Rules on Agency Designation](#).

Vermont also requires CCBHCs to have a written policy ensuring the rights of all individuals are observed consistent with state and federal law, including 18 V.S.A. § 8728, as well as those identified in Vermont's [Rights of Individuals Served](#).

C. ACCREDITATION

SAMHSA Requirements

SAMHSA requires that CCBHCs meet state accreditation, certification and licensing requirements and participate in the SAMHSA Behavioral Health Treatment Locator (SAMHSA 2023 [CCBHC Certification Criteria](#) page 48).

Vermont Requirements

Vermont's CCBHC certification process will include documentation review of certification documentation (i.e., CCBHC-required staffing plan, cost report, training plan, CQI plan and other policies and procedures), chart review(s), data review, and request for public comment. The Vermont DMH/VDH team will also conduct a site visit to each CCBHC prior to the site joining the demonstration to ensure the prospective CCBHC meets federal and state certification requirements. Per the Administrative Rule on Agency Designation, CCBHC sites will meet with State Program Standing Committees so that they may give a recommendation to the Commissioners about Certification.

Vermont will include the following certification levels for CCBHCs in the state:

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

Vermont has three levels of corrective action pathways if a CCBHC is out of compliance with CCBHC criteria. These include:

1. Informal Accountability Plan (IAP): Does not impact CCBHC 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

Vermont will re-review a CCBHC's certification status upon receipt of any of the following notifications:

- Inability to provide CCBHC required services to eligible individuals
- Closing or opening a service delivery site, including starting or ending a 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 CCBHC decertification include:

- 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.

PART 7: APPENDIX

APPENDIX 1: COMMUNITY NEEDS ASSESSMENT QUANTITATIVE DATA SOURCES

Organizations should leverage internal and external quantitative data sources, including publicly available state and local data and reports, to complete their Community Needs Assessment. Recommended quantitative data that may be specific to Vermont are listed immediately below. Vermont-specific data sources may include:

- [YRBS \(Youth Risk Behavior Survey\)](#)
- [BRFSS \(Behavioral Risk Factor Surveillance System\)](#)
- [State Health and Assessment and Improvement Plan](#)
- [Hospital Sustainability and Act 167](#)
- [2022 National Survey on LGBTQ Youth Mental Health – Vermont](#)
- [Vermont Agency of Education](#)
- [Vermont Substance Use Dashboard](#)
- [KFF- Health Policy Organization](#)
- [SAMHSA Universal Reporting System](#)
- [Vermont Abenaki Bands](#)
- [Economic and Social Outcomes by Race/Ethnicity in Vermont 2013-2018](#)
- [Vermont Health Equity Data](#)
- [PRAMS \(Pregnancy Risk Assessment Monitoring System\)](#)
- [National Survey on Drug Use and Health \(NSDUH\)](#)
- Regional CANS and ANSA data
- School mental health related reporting