



**Vermont Agency of Human Services  
CCBHC Preliminary Readiness Assessment  
Fall 2023**

**Preliminary Readiness Assessment Overview**

In March 2023, Vermont received a planning grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to fund preparation for potential participation in the Certified Community Behavioral Health Clinic (CCBHC)<sup>1</sup> demonstration beginning in July 2024. In November 2023, Vermont will select two organizations to proceed in the CCBHC certification process; going forward, Vermont’s Department of Mental Health (DMH) will provide technical assistance to these organizations to support them in achieving CCBHC certification and will ultimately certify organizations that meet SAMHSA’s requirements.

In March 2024, Vermont will submit an application to SAMHSA to participate in the CCBHC demonstration for a four-year period. If Vermont is one of ten states selected, only CCBHCs certified by the state will be eligible to participate in and receive a prospective payment system rate under the demonstration.

To select the organizations that are best positioned to achieve CCBHC certification by Spring 2024, Vermont is releasing a preliminary readiness assessment that closely follows the [SAMHSA 2023 CCBHC certification criteria](#) requirements, with some Vermont-specific additions. The preliminary readiness assessment solicits proposed approaches from organizations on aspects of design where the State has discretion. Organizations interested in proceeding through the CCBHC certification process must complete this preliminary readiness assessment and email it to [AHS.DMHPolicy@vermont.gov](mailto:AHS.DMHPolicy@vermont.gov) by **noon ET on November 13, 2023**. Organizations completing the preliminary readiness assessment should submit any questions to the State by **11:59 p.m. ET on November 2, 2023**. Questions should be emailed to [AHS.DMHPolicy@vermont.gov](mailto:AHS.DMHPolicy@vermont.gov). Vermont will score these assessments, and the organizations with the top two scores will move forward in the CCBHC certification process. Vermont will inform respondents by **December 1, 2023**, whether they are moving forward in the CCBHC certification process.

Preliminary Readiness Assessment Schedule		
Activity	Responsible Party	Due Date
Issue preliminary readiness assessment	Vermont	October 28, 2023
Pre-submission informational webinar	Vermont	November 1, 2023, from 12:05 to 1:00 p.m. ET
Deadline to submit questions on preliminary readiness assessment	Applicant	November 2, 2023, by 11:59 p.m. ET
Issue response to questions	Vermont	November 6, 2023
Deadline to submit preliminary readiness assessment	Applicant	November 13, 2023, by noon ET
Identify and notify two organizations that will go through the CCBHC certification process	Vermont	December 1, 2023

<sup>1</sup> SAMHSA uses the term “behavioral health” to refer to both mental health and substance use disorders. Recognizing that Vermont does not typically use the term “behavioral health”, Vermont has replaced SAMHSA’s use of the term “behavioral health” with “mental health and substance use disorders” throughout the preliminary readiness assessment, except to refer to the Certified Community **Behavioral Health** Clinic model and in instances where it may be confusing to divert from SAMHSA’s language.

## Respondent Information

Please complete the information below for the organization interested in applying to be a CCBHC in Vermont.

- **Organization name:**
- **Contact information of staff member submitting this CCBHC preliminary readiness assessment on behalf of the organization:**
- **Chief executive officer:**

## Attestation

I attest that the information submitted in this preliminary readiness assessment is accurate as of the date of submission.

*CEO signature, date*

## Instructions for Completion

Organizations that are interested in pursuing participation in the CCBHC demonstration are asked to complete the preliminary readiness assessment, comprised of a multiple-choice checklist and narrative questions to indicate how close their organization is to meeting SAMHSA's CCBHC criteria across six program areas:

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

The preliminary readiness assessment includes two types of questions: multiple-choice checklist and narrative questions.

### Multiple-Choice Checklist

For each certification criterion that has a multiple-choice checklist, select one of the following ratings that describes how closely your organization—described as a prospective CCBHC in the preliminary readiness assessment—currently meets the SAMHSA certification criteria:

0. **Does not meet today:** Does not meet any aspects of the requirement.
1. **Partially meets today:** Meets some but not all aspects of the requirement; will not be a heavy lift to reach full compliance.
2. **Fully meets today:** Meets all aspects of the requirement consistently.

For select criteria that AHS has designated as **high priorities**, applicants that select “1: Partially meets today” and “2: Fully meets today” ratings are required to provide additional information to detail how

their organization meets the criterion.<sup>2</sup> Required CCBHC services that the organization currently provides through contracting must ultimately be provided through a DCO. *Please limit explanations to seven sentences (1,000 characters).*

Additionally, for select questions about **scope of services**, organizations are asked to use a checkmark (“✓”) to indicate whether they currently provide each required CCBHC service.

### Narrative Questions

Throughout the preliminary readiness assessment, organizations will also be prompted to provide free-form narrative responses to describe their proposed approach for meeting CCBHC criteria. *Please limit the length narrative responses as described below (two to three paragraphs, or 2,500 or 3,500 characters, depending on the question).*

### Evaluation and Selection

After the receipt of preliminary readiness assessments, Vermont will evaluate each applicant’s response.

AHS has established an Evaluation Committee (Committee) to review organizations’ responses to the preliminary readiness assessment, score the responses, and identify the top two organizations to move forward in the CCBHC certification process based on their scores. The Committee will assign a score to each checklist and narrative response unless the item indicates that the response will not be scored as part of the preliminary readiness assessment. All items will be equally weighted, with the exception of the following items, which will be weighted higher:

- **Priority criteria** checklist responses of “1: Partially meets today” and “2: Fully meets today” ratings where organizations are required to provide additional information to detail how their organization meets the criterion.
- **Scope of service** checklist responses of “✓” where organizations indicate whether they currently offer each required service.
- **Narrative question** responses where organizations provide free-form narrative descriptions of their proposed approach for meeting certain CCBHC criteria.

### Program Requirement 1: Staffing

#### Criteria 1.A: General Staffing Requirements


		0: Does not meet today	1: Partially meets today	2: Fully meets today
1.a.1	The prospective CCBHC has completed a needs assessment that addresses cultural, linguistic, treatment and staffing needs and resources of the area to be served by the CCBHCs and addresses accessibility and availability issues such as transportation, clinic locations and clinic hours (including evenings and weekends). It should also address income, culture, and other barriers to accessing services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>2</sup> In accordance with SAMHSA certification criteria, Vermont anticipates permitting CCBHCs in Vermont to contract with designated collaborating organizations (DCOs) to provide services to individuals. CCBHCs will be responsible for ensuring that DCOs meet SAMHSA and Vermont-established requirements across the six program areas for CCBHCs. Vermont will not be assessing prospective CCBHCs on their relationships with DCOs at this time.


		0: Does not meet today	1: Partially meets today	2: Fully meets today
	<i>The State will review the needs assessment submitted by the prospective CCBHCs to determine whether it meets 2023 SAMHSA criteria.</i>			
1.a.2	Prospective CCBHC staff (both clinical and non-clinical) is appropriate in size and composition for the population to be served by the CCBHC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.a.3	<p>The Chief Executive Officer (CEO) of the prospective CCBHC, or equivalent, maintains 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 will include, at a minimum, a CEO or equivalent/Project Director and a psychiatrist as Medical Director. The Medical Director need not be a full-time employee of the CCBHC. If no psychiatrist is available, the Medical Director can be a medically trained mental health/substance use disorder care professional with prescriptive authority and appropriate education, licensure, and experience in psychopharmacology, and who can prescribe and manage medications independently.</p> <p>If your prospective CCBHC is unable to hire a psychiatrist and hires another prescriber instead, psychiatric consultation is obtained regarding: (1) mental health and substance use disorder clinical service delivery, (2) quality of the medical component of care, and (3) integration and coordination of mental health care, substance use care and primary care.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.a.4	The prospective CCBHC maintains liability/malpractice insurance adequate for the staffing and scope of services provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Criteria 1.B: Licensure and Credentialing of Providers**

		0: Does not meet today	1: Partially meets today	2: Fully meets today
1.b.1	Prospective CCBHC practitioners providing demonstration services will furnish these services within their scope of practice in accordance with all applicable federal, state, and local laws and regulations.	<i>Unscored requirement</i>		
1.b.1	The prospective CCBHC has formal agreements in place with their DCOs, ensuring the DCO staff members serving CCBHC consumers also have appropriate licensure and required state clinical certifications.	<i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification when the state reviews the DCO formal agreements</i>		

		<b>0: Does not meet today</b>	<b>1: Partially meets today</b>	<b>2: Fully meets today</b>
1.b.2	The prospective CCBHC staffing plan meets requirements of Department of Mental Health (DMH) and Vermont Department of Health's Division of Substance Use (VDH – DSU) and any accreditation or other standards required by the state and identifies specific staff disciplines that are required.	<i>Unscored requirement for preliminary readiness assessment; part of certification when state evaluates the staffing plan</i>		
1.b.2	The prospective CCBHC staffing plan is informed by the community needs assessment and includes clinical, peer, and other staff.	<i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification when state evaluates the staffing plan</i>		
1.b.2	The prospective CCBHC staffing plan requires a medically trained mental health and substance use disorder care provider, either employed or available through formal arrangement, who can prescribe and manage medications independently under state law, including buprenorphine products, naltrexone, and other medications used to treat opioid and/or alcohol use disorders.	<i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification when state evaluates the staffing plan</i>		
<b>1.b.2</b> <b>Priority criterion</b> 	<p>The prospective CCBHC refers individuals to an opioid treatment program and provides care coordination to ensure the individual has access to methadone.</p> <p>For “1: Partially meets today” and “2: Fully meets today” responses, please detail how your organization provides care coordination to ensure an individual has access to methadone. Please write your response in the fillable field below. <i>Responses are limited to 1,000 characters.</i></p>	<input type="checkbox"/>	<input type="checkbox"/> <i>If “✓,” additional narrative response required</i>	<input type="checkbox"/> <i>If “✓,” additional narrative response required</i>
1.b.2	The prospective CCBHC has staff, either employed or under contract, who are licensed or certified substance use treatment counselors or specialists.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.b.2	The prospective CCBHC includes staff with expertise in addressing trauma and promoting the recovery of children and adolescents with serious emotional disturbance (SED) and adults with serious mental illness (SMI).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Criteria 1.C: Cultural Competence and Other Training**

		<b>0: Does not meet today</b>	<b>1: Partially meets today</b>	<b>2: Fully meets today</b>
1.c.1	The prospective CCBHC has a training plan for all CCBHC employed and contract staff who have direct contact with people receiving services or their families. The prospective CCBHC training plans require the following training at staff orientation and annually thereafter: (1) risk assessment, suicide prevention, and suicide response; and (2) the roles of families and peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.c.1	The prospective CCBHC training plan requires the following training at staff orientation and thereafter as needed: cultural competence; person-centered and family-centered, recovery-oriented, evidence-based, and trauma-informed care; integration of primary care and mental health and substance use care; and a continuity plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.c.1 <b>Priority criterion</b> 	<p>The prospective CCBHC aligns training with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) to advance health equity, improve quality of services, and eliminate disparities.</p> <p>For “1: Partially meets today” and “2: Fully meets today” responses, please detail how the training process is aligned with the National Standards for Culturally and Linguistically Appropriate Services (CLAS). Please write your response in the fillable field below. <i>Responses are limited to 1,000 characters.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>  <i>If “✓,” additional narrative response required</i>	<input type="checkbox"/>  <i>If “✓,” additional narrative response required</i>
1.c.1	If active-duty military and/or veterans are served, the prospective CCBHC cultural competency training includes information related to military culture.	<i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification</i>		
1.c.2	The prospective CCBHC has written policies and procedures that describe the methods used for assessing skills and competencies of providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



		0: Does not meet today	1: Partially meets today	2: Fully meets today
1.c.2	The prospective CCBHC has written policies and procedures describing its method(s) of assessing competency and maintains a written accounting of the in-service training provided for the duration of employment of each employee who has direct contact with people receiving services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.c.3	The prospective CCBHC documents in the staff personnel records that the training and demonstration of competency are successfully completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.c.4	The prospective CCBHC ensures that individuals providing staff training are qualified, as evidenced by their education, training, and experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Criteria 1.D: Linguistic Competence**

		0: Does not meet today	1: Partially meets today	2: Fully meets today
1.d.1	The prospective CCBHC takes reasonable steps to provide meaningful access to services, such as language assistance, for those with Limited English Proficiency (LEP) and/or language-based disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.d.2	Interpretation/translation service(s) are readily available and appropriate for the size/needs of the LEP prospective CCBHC population (e.g., bilingual providers, on-site interpreters, language video, telephone line).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.d.3	Auxiliary aids and services are readily available, Americans with Disabilities Act (ADA) compliant, and responsive to the needs of people receiving services with physical, cognitive, and/or developmental disabilities (e.g., sign language interpreters, teletypewriter (TTY) lines).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.d.4	Documents or information vital to the ability of a person receiving services to access prospective CCBHC services (e.g., registration forms, sliding scale fee discount schedule, after-hours coverage, signage) are available online and in paper format, in languages commonly spoken within the community served, taking account of literacy levels and the need for alternative formats. Prior to certification, the needs assessment will inform which languages require language assistance, to be updated as needed.	<i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification</i>		
1.d.5	The prospective CCBHC policies have explicit provisions for ensuring that all employees, affiliated providers, and interpreters understand and adhere to confidentiality and privacy requirements applicable to the service provider, including but not limited to the requirements of the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2, patient privacy requirements specific to care for minors, and other state and federal laws.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Program Requirement 2: Availability and Accessibility of Services

### Criteria 2.A: General Requirements of Access and Availability


		0: Does not meet today	1: Partially meets today	2: Fully meets today
2.a.1	The prospective CCBHC provides a safe, functional, clean, sanitary, and welcoming environment for people receiving services and staff, conducive to the provision of services identified in Program Requirement 4. CCBHCs are encouraged to operate tobacco-free campuses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.a.2 <b>Priority criterion</b> 	<p>Informed by the community needs assessment, the prospective CCBHC ensures that services are provided during times that facilitate accessibility and meet the needs of the population served by the CCBHC, including some evening and weekend hours and the services available during those times.</p> <p>For “1: Partially meets today” and “2: Fully meets today” responses, please detail the hours your prospective CCBHC is open during the daytime, in the evening, and on weekends.</p> <p><i>If your organization has not completed a community needs assessment, please rate your current ability to provide services during times that facilitate accessibility and meet the needs of the population being served. For “1: Partially meets today” and “2: Fully meets today” responses, please detail the hours your prospective CCBHC is open during the daytime, in the evening, and on weekends.</i></p> <p>Please write your response in the fillable field below. <i>Responses are limited to 1,000 characters.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>  <i>If “✓,” additional narrative response required</i>	<input type="checkbox"/>  <i>If “✓,” additional narrative response required</i>
2.a.3 <b>Priority criterion</b> 	Informed by the community needs assessment, the prospective CCBHC provides services at locations that ensure accessibility and meet the needs of the population to be served, such as settings in the community (e.g., schools, social service agencies, partner organizations, community centers) and, as appropriate and feasible, in the homes of people receiving services.	<input type="checkbox"/>	<input type="checkbox"/>  <i>If “✓,” additional narrative response required</i>	<input type="checkbox"/>  <i>If “✓,” additional narrative response required</i>



		0: Does not meet today	1: Partially meets today	2: Fully meets today
	<p>For “1: Partially meets today” and “2: Fully meets today” responses, please detail the locations where your prospective CCBHC provides services.</p> <p><i>If your organization has not completed a community needs assessment, please rate your current ability to provide services at locations that ensure accessibility and meet the needs of the population being served. For “1: Partially meets today” and “2: Fully meets today” responses, please detail the locations where your prospective CCBHC provides services.</i></p> <p>Please write your response in the fillable field below. <i>Responses are limited to 1,000 characters.</i></p>			
2.a.4	The prospective CCBHC provides transportation or transportation vouchers for people receiving services to the extent possible with relevant funding or programs to facilitate access to services in alignment with the person-centered and family-centered treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.a.5	The prospective CCBHC uses telehealth/telemedicine, videoconferencing, remote patient monitoring, asynchronous interventions, and other technologies, to the extent possible, in alignment with the preferences of the person receiving services to support access to all required services consistent with state requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.a.6	<p>Informed by the community needs assessment, the prospective CCBHC conducts outreach, engagement, and retention activities to support inclusion and access for underserved individuals and populations including communities as defined in Federal Register: Advancing Racial Equity and Support for Underserved Communities Through the Federal Government as well as individuals or populations that have unmet needs for mental health and substance use disorder treatment and supports.</p> <p><i>If your organization has not completed a community needs assessment, please rate your current ability to</i></p>	<i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification</i>		

		0: Does not meet today	1: Partially meets today	2: Fully meets today
	<i>conduct outreach, engagement, and retention activities to support inclusion and access for underserved individuals and populations.</i>			
2.a.7	The prospective CCBHC adheres to all state standards for the provision of both voluntary and court-ordered services.	<i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification</i>		
2.a.8	The prospective CCBHC has a continuity of operations/disaster plan to ensure the CCBHC can effectively notify staff, people receiving services, and health care and community partners when a disaster/emergency occurs or services are disrupted. The plan, to the extent feasible, has identified alternative locations and methods to sustain service delivery and access to mental health and substance use disorder medications during emergencies and disasters. The plan also addresses health IT systems security/ ransomware protection and backup and access to these IT systems, including health records, in case of disaster.	<i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification</i>		

**Criteria 2.B: General Requirements for Timely Access to Services and Initial and Comprehensive Evaluation**

		0: Does not meet today	1: Partially meets today	2: Fully meets today
2.b.1 <b>Priority criterion</b> 	<p>All people new to receiving services, whether requesting or being referred for mental health and/or substance use services at the prospective CCBHC, will, at the time of first contact, whether that contact is in person, by telephone, or using other remote communication, receive a preliminary triage, including risk assessment, to determine acuity of needs. That preliminary triage may occur telephonically. If the triage identifies an emergency/crisis need, appropriate action is taken immediately (see 4.c.1 for crisis response timelines and details about required services), including plans to reduce or remove risk of harm and to facilitate any necessary subsequent outpatient follow-up.</p> <ul style="list-style-type: none"> <li>• If the triage identifies an urgent need, clinical services are provided, including an initial evaluation within one business day of the time the request is made.</li> <li>• If the triage identifies routine needs, services will be provided, and the initial evaluation will be completed within 10 business days.</li> <li>• For those presenting with emergency or urgent needs, the initial evaluation may be conducted by phone or through use of technologies for telehealth/telemedicine and videoconferencing, but an in-person evaluation</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/> <i>If "✓," additional narrative response required</i>	<input type="checkbox"/> <i>If "✓," additional narrative response required</i>

		<b>0: Does not meet today</b>	<b>1: Partially meets today</b>	<b>2: Fully meets today</b>
	<p>is preferred. If the initial evaluation is conducted telephonically, once the emergency is resolved, the person receiving services must be seen in person at the subsequent encounter, and the initial evaluation must be reviewed.</p> <ul style="list-style-type: none"> <li>Urgent requests for assessment to determine Community Rehabilitation and Treatment (CRT) eligibility shall be assessed within two business days. Other eligibility requests should be reviewed within seven business days or by an alternative date that has been agreed to by the referring party. Non-urgent requests shall be completed within 30 days of referral, contingent on the individual’s participation.</li> </ul> <p>For “1: Partially meets today” and “2: Fully meets today” responses, please detail how your organization meets this criterion. Please write your response in the fillable field below. <i>Responses are limited to 1,000 characters.</i></p> <div data-bbox="334 898 932 1255" style="background-color: #e0e0e0; height: 170px;"></div>			
2.b.1	<p>The prospective CCBHC ensures the preliminary triage and risk assessment is followed by (1) an initial evaluation and (2) a comprehensive evaluation, with the components of each specified in Program Requirement 4: Scope of Services. Subject to more stringent state, federal, or applicable accreditation standards, all new people receiving services will receive a comprehensive evaluation to be completed within 60 calendar days of the first request for services.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.b.2	<p>The prospective CCBHC ensures the person-centered and family-centered treatment plan is reviewed and updated as needed by the treatment team, in agreement with and endorsed by the person receiving services. The treatment plan will be updated when changes occur with the status of the person receiving services, based on responses to treatment or when there are changes in treatment goals. The treatment plan must be reviewed and updated no less frequently than every 6 months,</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		0: Does not meet today	1: Partially meets today	2: Fully meets today
	unless the state, federal, or applicable accreditation standards are more stringent.			
2.b.3	The prospective CCBHC provides people who are already receiving services from the prospective CCBHC seeking routine outpatient clinical services with an appointment within 10 business days of the request for an appointment, unless the state, federal, or applicable accreditation standards are more stringent. If a person already receiving services presents with an urgent, non-emergency need, clinical services are generally provided within one business day of the time the request is made or at a later time if that is the preference of the person receiving services. Same-day and open-access scheduling are encouraged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.b.3	The prospective CCBHC takes appropriate action immediately if a person receiving services presents with an emergency/crisis need, based on the needs of the person receiving services, including immediate crisis response if necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.b.3	The prospective CCBHC provides clinic services generally within one business day of the time the request is made if a person already receiving services presents with an urgent, non-emergency need, or at a later time if that is the preference of the person receiving services. Same-day and open-access scheduling are encouraged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Criteria 2.C: 24/7 Access to Crisis Management Services

		0: Does not meet today	1: Partially meets today	2: Fully meets today
2.c.1	In accordance with Program Requirement 4.c, the prospective CCBHC provides crisis management services that are available and accessible 24 hours a day, seven days a week.	<i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification</i>		
2.c.2	The prospective CCBHC includes a description of the methods for providing a continuum of crisis prevention, response, and postvention services in its policies and procedures and makes it available to the public.	<i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification</i>		
2.c.3	The prospective CCBHC educates individuals it serves about crisis planning, psychiatric advanced directives, and how to access crisis services, including the 988 Suicide & Crisis Lifeline (by call, chat, or text) and other area hotlines and warmlines, and overdose prevention, if risk is indicated, at the time of the initial evaluation meeting following the preliminary triage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		<b>0: Does not meet today</b>	<b>1: Partially meets today</b>	<b>2: Fully meets today</b>
2.c.4	In accordance with Program Requirement 3: Care Coordination, the prospective CCBHC maintains a working relationship with local hospital emergency departments (EDs). Protocols are established for CCBHC staff to address the needs of CCBHC people receiving services in psychiatric crisis who come to those EDs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.c.5	The prospective CCBHC has protocols, including those for the involvement of law enforcement, in place to reduce delays for initiating services during and following a mental health or substance use disorder crisis. Shared protocols are designed to maximize the delivery of recovery-oriented treatment and services. The protocols should minimize contact with law enforcement and the criminal justice system while promoting individual and public safety and complying with applicable state and local laws and regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.c.6	Following a psychiatric emergency or crisis, in conjunction with the person receiving services, the prospective CCBHC creates, maintains, and follows a crisis plan to prevent and de-escalate future crisis situations, with the goal of preventing future crises.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Criteria 2.D: No Refusal of Services Due to Inability to Pay**

		<b>0: Does not meet today</b>	<b>1: Partially meets today</b>	<b>2: Fully meets today</b>
2.d.1	The prospective CCBHC ensures: (1) no individuals are denied mental health or substance use services, including but not limited to crisis management services, because of an individual's inability to pay for such services (PAMA § 223 (a)(2)(B)), and (2) any fees or payments required by the clinic for such services will be reduced or waived to enable the clinic to fulfill the assurance described in clause (1).	<i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification</i>		
2.d.2	The prospective CCBHC has a published sliding fee discount schedule(s) that includes all services the CCBHC offers pursuant to this criterion. Such fee schedules will be included on the CCBHC website, posted in the CCBHC waiting room, and readily accessible to people receiving services and families. The sliding fee discount schedule is communicated in languages/formats appropriate for individuals seeking services who have LEP, literacy barriers, or disabilities.	<i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification</i>		
2.d.3	The prospective CCBHC's fee schedules, to the extent relevant, conform to state statutory or administrative requirements or to federal statutory or administrative requirements that may be applicable to existing clinics; absent applicable state or federal requirements, the schedule is based on	<i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification</i>		


		<b>0: Does not meet today</b>	<b>1: Partially meets today</b>	<b>2: Fully meets today</b>
	locally prevailing rates or charges and includes reasonable costs of operation.			
2.d.4	The prospective CCBHC has written policies and procedures describing eligibility for and implementation of the sliding fee discount schedule. Those policies are applied equally to all individuals seeking services.	<i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification</i>		

#### Criteria 2.E: Provision of Services Regardless of Residence

		<b>0: Does not meet today</b>	<b>1: Partially meets today</b>	<b>2: Fully meets today</b>
2.e.1	The prospective CCBHC ensures no individual is denied mental health or substance use disorder care services, including but not limited to crisis management services, because of place of residence, homelessness, or lack of a permanent address.	<i>Unscored requirement for preliminary readiness assessment; Vermont intends to release guidance on how this requirement relates to designated agency requirements</i>		
2.e.2	The prospective CCBHC has protocols addressing the needs of individuals who do not live close to the CCBHC or within the CCBHC service area. The CCBHC is responsible for providing, at a minimum, crisis response, evaluation, and stabilization services in the CCBHC service area regardless of place of residence. The required protocols should address management of the individual's ongoing treatment needs beyond that. Protocols may provide for agreements with clinics in other localities, allowing the CCBHC to refer and track individuals seeking non-crisis services to the CCBHC or other clinics serving the individual's area of residence. For individuals and families who live within the CCBHC's service area but live a long distance from CCBHC clinic(s), the CCBHC should consider use of technologies for telehealth/telemedicine, videoconferencing, remote patient monitoring, asynchronous interventions, and other technologies in alignment with the preferences of the person receiving services, and to the extent practical.	<i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification</i>		

## Program Requirement 3: Care Coordination



### Criteria 3.A: General Requirements of Care Coordination

		0: Does not meet today	1: Partially meets today	2: Fully meets today
3.a.1 <b>Priority Criteria</b> 	<p>The prospective CCBHC coordinates care across the spectrum of health services. This includes access to high-quality physical health (both acute and chronic) and mental health and substance use disorder care, as well as social services, housing, educational systems, and employment opportunities as necessary to facilitate wellness and recovery of the whole person. The prospective CCBHC also coordinates with other systems to meet the needs of the people they serve, including criminal and juvenile justice and child welfare.</p> <p>For “1: Partially meets today” and “2: Fully meets today” responses, please detail how your organization meets this criterion. Please write your response in the fillable field below. <i>Responses are limited to 1,000 characters.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>  <i>If “✓,” additional narrative response required</i>	<input type="checkbox"/>  <i>If “✓,” additional narrative response required</i>
3.a.2	<p>The prospective CCBHC maintains the necessary documentation to satisfy the requirements of HIPAA (Pub. L. No. 104-191, 110 Stat. 1936 (1996)), 42 CFR Part 2, and other federal and state privacy laws, including patient privacy requirements specific to the care of minors.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.a.2	<p>To promote coordination of care, the prospective CCBHC obtains necessary consents for sharing information with community partners where information is not able to be shared under HIPAA and other federal and state laws and regulations. If the CCBHC is unable, after reasonable attempts, to obtain consent for any care coordination activity specified in Program Requirement 3, such attempts must be documented and revisited periodically.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.a.3	<p>Consistent with requirements of privacy, confidentiality, and the preferences and needs of people receiving services, the prospective CCBHC assists people receiving services and the families of</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		0: Does not meet today	1: Partially meets today	2: Fully meets today
	children and youth referred to external providers or resources in obtaining an appointment and tracking participation in services to ensure coordination and receipt of supports.			
3.a.4	The prospective CCBHC coordinates care in keeping with the preferences of the person receiving services and their care needs. To the extent possible, care coordination should be provided, as appropriate, in collaboration with the family/caregiver of the person receiving services and other supports identified by the person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.a.4	To identify the preferences of the person in the event of psychiatric or substance use crisis, the prospective CCBHC develops a crisis plan with each person receiving services. Crisis plans may support the development of a Psychiatric Advanced Directive, if desired by the person receiving services. Psychiatric Advance Directives, if developed, are entered in the electronic health record of the person receiving services so that the information is available to providers in emergency care settings where those electronic health records are accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.a.4	At a minimum, the prospective CCBHC counsels people receiving services about the use of the National Suicide & Crisis Lifeline, local hotlines, warmlines, mobile crisis, and stabilization services should a crisis arise when providers are not in their office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.a.5	The prospective CCBHC has procedures for medication reconciliation with other providers. To the extent that state laws allow, the state Prescription Drug Monitoring Program (PDMP) must be consulted before prescribing medications and during the comprehensive evaluation. Upon appropriate consent to release of information, the CCBHC is also required to provide such information to other providers not affiliated with the CCBHC to the extent necessary for safe and quality care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.a.6	The prospective CCBHC's agreements for care coordination should not limit the freedom of a person receiving services to choose their provider within the CCBHC, with its DCOs, or with any other provider.	<i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification</i>		
3.a.7	The prospective CCBHC assists people receiving services and families to access benefits, including Medicaid, and enroll in programs or supports that may benefit them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




Criteria 3.B: Care Coordination and Other Health Information Systems


		0: Does not meet today	1: Partially meets today	2: Fully meets today
3.b.1	The prospective CCBHC establishes or maintains a health information technology (IT) system that includes but is not limited to electronic health records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.b.2 <b>Priority criterion</b> 	<p>The prospective CCBHC uses its secure health IT system(s) and related technology tools, ensuring appropriate protections are in place, to conduct activities such as population health management, quality improvement, quality measurement and reporting, reducing disparities, outreach, and for research. When prospective CCBHCs use federal funding to acquire, upgrade, or implement technology to support these activities, systems should utilize nationally recognized, HHS-adopted standards, where available, to enable health information exchange. Systems should meet connectivity requirements in accordance with the data governance agreement for data transfer to the Vermont Health Information Exchange.</p> <p>For “1: Partially meets today” and “2: Fully meets today” responses, please detail how your organization meets this criterion. Please write your response in the fillable field below. <i>Responses are limited to 1,000 characters.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>  <i>If “✓,” additional narrative response required</i>	<input type="checkbox"/>  <i>If “✓,” additional narrative response required</i>
3.b.3 <b>Priority criterion</b> 	<p>The prospective CCBHC uses technology that has been certified to current criteria under the ONC Health IT Certification Program for the following required core set of certified health IT capabilities that align with key clinical practice and care delivery requirements for CCBHCs:</p> <ul style="list-style-type: none"> <li>• Capture health information, including demographic information such as race, ethnicity, preferred language, sexual and gender identity, and disability status (as feasible).</li> <li>• At a minimum, support care coordination by sending and receiving summary of care records.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>  <i>If “✓,” additional narrative response required</i>	<input type="checkbox"/>  <i>If “✓,” additional narrative response required</i>

		0: Does not meet today	1: Partially meets today	2: Fully meets today
	<ul style="list-style-type: none"> <li>• Provide people receiving services with timely electronic access to view, download, or transmit their health information or to access their health information via an API using a personal health app of their choice.</li> <li>• Provide evidence-based clinical decision support.</li> <li>• Conduct electronic prescribing.</li> </ul> <p>For “1: Partially meets today” and “2: Fully meets today” responses, please detail how your organization partially or fully meets this criterion. Please write your response in the fillable field below. <i>Responses are limited to 1,000 characters.</i></p>			
3.b.4	The prospective CCBHC works with DCOs to ensure all steps are taken, including obtaining consent from people receiving services, to comply with privacy and confidentiality requirements. These include but are not limited to those of HIPAA (Pub. L. No. 104-191, 110 Stat. 1936 (1996)), 42 CFR Part 2, and other federal and state laws, including patient privacy requirements specific to the care of minors.	<i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification</i>		
3.b.5	The prospective CCBHC develops and implements a plan within two years from CCBHC certification or submission of attestation to focus on ways to improve care coordination between the CCBHC and all DCOs using a health IT system.	<i>Unscored requirement</i>		

**Criteria 3.C: Care Coordination Partnerships**

		0: Does not meet today	1: Partially meets today	2: Fully meets today
3.c.1	The prospective CCBHC has a partnership supported by a formal, signed agreement detailing the roles of each party, which establishes care coordination expectations with Federally Qualified Health Centers (FQHCs) (and, as applicable, Rural Health Clinics (RHCs)) to provide health care services, to the extent the services are not provided directly through the CCBHC. For people receiving services who are served by other primary care providers, including but not limited to FQHC Look-Alikes and	<i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification</i>		


		0: Does not meet today	1: Partially meets today	2: Fully meets today
	Community Health Centers, and CCBHC has established protocols to ensure adequate care coordination.			
3.c.2	The prospective CCBHC has partnerships that establish care coordination expectations with programs that can provide inpatient psychiatric treatment, Opioid Treatment Program services, medical withdrawal management facilities and ambulatory medical withdrawal management providers for substance use disorders, and residential substance use disorder treatment programs (if any exist within the CCBHC service area). These include tribally operated mental health and substance use services including crisis services that are in the service area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.c.2	The prospective CCBHC tracks when people receiving CCBHC services are admitted to facilities providing the services listed above, as well as when they are discharged, unless there is a formal transfer of care to a non-CCBHC entity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.c.2 <b>Priority criterion</b> 	<p>The prospective CCBHC has established protocols and procedures for transitioning individuals from EDs, inpatient psychiatric programs, medically monitored withdrawal management services, and residential or inpatient facilities that serve children and youth such as Psychiatric Residential Treatment Facilities and other residential treatment facilities, to a safe community setting. This includes transfer of health records of services received (e.g., prescriptions), active follow-up after discharge, and, as appropriate, a plan for suicide prevention and safety, overdose prevention, and provision for peer services.</p> <p>For “1: Partially meets today” and “2: Fully meets today” responses, please detail how your organization partially or fully meets this criterion. Please write your response in the fillable field below. <i>Responses are limited to 1,000 characters.</i></p>	<input type="checkbox"/>	<input type="checkbox"/> <i>If “✓,” additional narrative response required</i>	<input type="checkbox"/> <i>If “✓,” additional narrative response required</i>

		0: Does not meet today	1: Partially meets today	2: Fully meets today
3.c.3	<p>The prospective CCBHC has partnerships with a variety of community or regional services, supports, and providers supported by a formal, signed agreement detailing the roles of each party or unsigned joint protocols that describe procedures for working together and roles in care coordination. CCBHCs are required by statute to develop partnerships with the following organizations that operate within the service area:</p> <ul style="list-style-type: none"> <li>• Schools.</li> <li>• Child welfare agencies.</li> <li>• Juvenile and criminal justice agencies and facilities (including drug, mental health, veterans, and other specialty courts).</li> <li>• Indian Health Service youth regional treatment centers.</li> <li>• State-licensed and nationally accredited child placing agencies for therapeutic foster care services.</li> <li>• Other social and human services providers.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.c.3	The prospective CCBHC has a care coordination partnership with the 988 Suicide & Crisis Lifeline call center serving the area in which the CCBHC is located.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.c.4	The prospective CCBHC has partnerships with the nearest Department of Veterans Affairs medical center, independent clinic, drop-in center, or other facility of the Department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.c.5 <b>Priority criterion</b> 	<p>The prospective CCBHC has care coordination partnerships establishing expectations with inpatient acute-care hospitals in the area served by the CCBHC and their associated services/facilities, including EDs, hospital outpatient clinics, urgent care centers, and residential crisis settings. This includes procedures and services, such as peer recovery specialists/coaches, to help individuals successfully transition from ED or hospital to CCBHC and community care to ensure continuity of services and to minimize the time between discharge and follow-up. These partnerships shall support tracking when people receiving CCBHC services are admitted to facilities providing the services listed above, as well as when they are discharged. The partnerships shall also support the transfer of health records of services received (e.g., prescriptions) and active follow-up after discharge. CCBHCs should request of relevant inpatient and outpatient facilities, for people receiving CCBHC services, that notification be provided through the Admission-Discharge Transfer (ADT) system.</p>	<input type="checkbox"/>	<input type="checkbox"/>  <i>If "✓," additional narrative response required</i>	<input type="checkbox"/>  <i>If "✓," additional narrative response required</i>

		0: Does not meet today	1: Partially meets today	2: Fully meets today
	For “1: Partially meets today” and “2: Fully meets today” responses, please detail how your organization partially or fully meets this criterion. Please write your response in the fillable field below. <i>Responses are limited to 1,000 characters.</i>			
3.c.5	The prospective CCBHC makes and documents reasonable attempts to contact all people receiving CCBHC services who are discharged from these settings within 24 hours of discharge. For all people receiving CCBHC services being discharged from such facilities who are at risk for suicide or overdose, the care coordination agreement between these facilities and the CCBHC includes a requirement to coordinate consent and follow-up services with the person receiving services within 24 hours of discharge, and continues until the individual is linked to services or assessed to be no longer at risk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Criteria 3.D: Care Treatment Team, Treatment Planning, and Care Coordination Activities**

		0: Does not meet today	1: Partially meets today	2: Fully meets today
3.d.1	The prospective CCBHC treatment team includes the person receiving services and their family/caregivers, to the extent the person receiving services desires their involvement or when they are legal guardians, and any other people the person receiving services desires to be involved in their care. All treatment planning and care coordination activities are person- and family-centered and align with the requirements of Section 2402(a) of the Affordable Care Act. All treatment planning and care coordination activities are subject to HIPAA (Pub. L. No. 104-191, 110 Stat. 1936 (1996)), 42 CFR Part 2, and other federal and state laws, including patient privacy requirements specific to the care of minors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		<b>0: Does not meet today</b>	<b>1: Partially meets today</b>	<b>2: Fully meets today</b>
<p>3.d.2 <b>Priority criterion</b></p> 	<p>The prospective CCBHC designates an interdisciplinary treatment team that is responsible, with the person receiving services and their family/caregivers, to the extent the person receiving services desires their involvement or when they are legal guardians, for directing, coordinating, and managing care and services. The interdisciplinary team is composed of individuals who work together to coordinate the medical, psychiatric, psychosocial, emotional, therapeutic, and recovery support needs of the people receiving services, including, as appropriate and desired by the person receiving services, traditional approaches to care for people receiving services who are American Indian or Alaska Native (AI/AN) or from other cultural and ethnic groups.</p> <p>For “1: Partially meets today” and “2: Fully meets today” responses, please detail how your organization partially or fully meets these criteria. Please write your response in the fillable field below. <i>Responses are limited to 1,000 characters.</i></p> <div data-bbox="334 966 930 1320" style="background-color: #f0f0f0; height: 150px; margin-top: 10px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>  <i>If “✓,” additional narrative response required</i>	<input type="checkbox"/>  <i>If “✓,” additional narrative response required</i>
<p>3.d.3</p>	<p>The prospective CCBHC coordinates care and services provided by DCOs in accordance with the current treatment plan.</p>	<p><i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification</i></p>		

## Program Requirement 4: Scope of Services

### Criteria 4.A: General Service Provisions

		0: Does not meet today	1: Partially meets today	2: Fully meets today
4.a.1	The prospective CCBHC delivers directly or through a DCO agreement the following required services, including all Medicaid State Plan covered services including community rehabilitation treatment (CRT) and Intensive Home and Community Based Services (IHCBS) services that fall under one of these service categories: crisis services; screening, assessment, and diagnosis; person-centered and family-centered treatment planning; outpatient mental health and substance use services; outpatient primary care screening and monitoring; targeted case management; psychiatric rehabilitation; peer and family supports; and intensive community-based outpatient mental health and substance use disorder care for members of the U.S. Armed Forces and veterans.	<i>Scored through Scope of Services items in the preliminary readiness assessment</i>		
4.a.1	The prospective CCBHC organization directly delivers the majority (51% or more) of encounters across the required services (excluding crisis services) rather than through DCOs.	<i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification</i>		
4.a.2	The prospective CCBHC ensures all CCBHC services, if not available directly through the CCBHC, are provided through a DCO, consistent with the freedom of the person receiving services to choose providers within the CCBHC and its DCOs.	<i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification</i>		
4.a.3	The prospective CCBHC informs people receiving CCBHC services of and provides access to the prospective CCBHC's existing grievance procedures, which must satisfy the minimum requirements of Medicaid and other grievance requirements, such as those that may be mandated by relevant accrediting entities or state authorities.  <i>Please respond based on your organization's current practice, directly or through contracting.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.a.4	The prospective CCBHC ensures that DCO-provided services for people receiving CCBHC services meet the same quality standards as those provided by the CCBHC.	<i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification</i>		


#### Criteria 4.B: Requirement of Person-Centered and Family-Centered Care

		0: Does not meet today	1: Partially meets today	2: Fully meets today
4.b.1	The prospective CCBHC ensures all CCBHC services, including those supplied by contracted providers, are provided in a manner aligned with the requirements of Section 2402(a) of the Affordable Care Act. These reflect person-centered and family-centered, recovery-oriented care; being respectful of the needs, preferences, and values of the person receiving services; and ensuring both involvement of the person receiving services and self-direction of services received. Services for children and youth are family-centered, youth-guided, and developmentally appropriate. A shared decision-making model for engagement is the recommended approach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.b.2	The prospective CCBHC ensures that 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Criteria 4.C: Crisis Behavioral Health Services

I. Certification Criteria				
		0: Does not meet today	1: Partially meets today	2: Fully meets today
4.c.1	The prospective CCBHC provides services that include suicide prevention and intervention, and services capable of addressing crises related to substance use including the risk of drug- and alcohol-related overdose and support following a non-fatal overdose after the individual is medically stable. Overdose prevention activities must include ensuring access to naloxone for overdose reversal to individuals who are at risk of opioid overdose and, as appropriate, to their family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.c.1	The prospective CCBHC or a contracted crisis care provider offers developmentally appropriate responses, sensitive de-escalation supports, and connections to ongoing care, when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.c.1	The prospective CCBHC has an established protocol specifying the role of law enforcement during the provision of crisis services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



I. Certification Criteria				
		0: Does not meet today	1: Partially meets today	2: Fully meets today
4.c.1 <b>Priority Criterion</b> 	As a part of the requirement to provide training related to trauma-informed care, the prospective CCBHC specifically focuses on the application of trauma-informed approaches. <i>Note: Vermont is requiring training in trauma-informed care training beyond SAMHSA's criteria.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	For "1: Partially meets today" and "2: Fully meets today" responses, please detail how your organization partially or fully meets these criteria. Please write your response in the fillable field below. <i>Responses are limited to 1,000 characters.</i>			<i>If "✓," additional narrative response required</i>

**Scope of Services**

Select ✓ for each service offered. Vermont will require that CCBHCs offer each of the services listed below.

The prospective CCBHC provides crisis services directly or through contracting, including current services covered under the state's Medicaid program:

- Emergency crisis intervention services
- Assessment for inpatient and involuntary care
- Enhanced mobile crisis, directly or through a contract with existing state-sanctioned, certified, or licensed system or network for the provision of crisis mental health and substance use disorder services

**Criteria 4.D: Screening, Assessment, and Diagnosis**

I. Certification Criteria				
		0: Does not meet today	1: Partially meets today	2: Fully meets today
4.d.1	For the person who requires, for purposes of screening, assessment, or diagnosis (e.g., neuropsychological testing or developmental testing and assessment), specialized services outside the expertise of the prospective CCBHC, the CCBHC refers to an appropriate provider. When necessary and appropriate, screening, assessment, and diagnosis is provided through telehealth/telemedicine services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>I. Certification Criteria</b>				
		<b>0: Does not meet today</b>	<b>1: Partially meets today</b>	<b>2: Fully meets today</b>
4.d.2	Screening, assessment, and diagnosis are conducted in a time frame responsive to the needs and preferences of the person receiving services and are of sufficient scope to assess the need for all services required to be provided by the prospective CCBHC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.d.3	<p>The prospective CCBHC provides an initial evaluation (including information gathered as part of the preliminary triage and risk assessment, with information releases obtained as needed), as required in Program Requirement 2, that includes at a minimum:</p> <ol style="list-style-type: none"> <li>1. Preliminary diagnoses.</li> <li>2. The source of referral.</li> <li>3. The reason for seeking care, as stated by the person receiving services or other individuals who are significantly involved.</li> <li>4. Identification of the immediate clinical care needs related to the diagnosis for mental and substance use disorders of the person receiving services.</li> <li>5. A list of all current prescriptions and over-the-counter medications, herbal remedies, and dietary supplements and the indication for any medications.</li> <li>6. A summary of previous mental health and substance use disorder treatments, with a focus on which treatments helped and were not helpful.</li> <li>7. The use of any alcohol and/or other drugs the person receiving services may be taking and indication for any current medications.</li> <li>8. An assessment of whether the person receiving services is a risk to self or to others, including suicide risk factors.</li> <li>9. An assessment of whether the person receiving services has other concerns for their safety, such as intimate partner violence.</li> <li>10. Assessment of need for medical care (with referral and follow-up as required).</li> <li>11. A determination of whether the person presently is, or ever has been, a member of the U.S. Armed Services.</li> <li>12. For children and youth, whether they have system involvement (such as child welfare and juvenile justice).</li> </ol>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.d.4	<p>The prospective CCBHC provides a comprehensive evaluation for all people receiving CCBHC services. The evaluation includes:</p> <ol style="list-style-type: none"> <li>1. Reasons for seeking services at the CCBHC, including information regarding onset of symptoms, severity of symptoms, and circumstances leading to the presentation to the CCBHC of the person receiving services.</li> </ol>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>I. Certification Criteria</b>				
		<b>0: Does not meet today</b>	<b>1: Partially meets today</b>	<b>2: Fully meets today</b>
	<p>2. An overview of relevant social supports; social determinants of health; and health-related social needs such as housing, vocational, and educational status; family/caregiver and social support; legal issues; and insurance status.</p> <p>3. A description of cultural and environmental factors that may affect the treatment plan of the person receiving services, including the need for linguistic services or supports for people with LEP.</p> <p>4. Pregnancy and/or parenting status.</p> <p>5. Mental health and substance use disorder history, including trauma history and previous therapeutic interventions and hospitalizations, with a focus on what was helpful and what was not helpful in past treatments.</p> <p>6. Relevant medical history and major health conditions that impact current psychological status.</p> <p>7. A medication list including prescriptions, over-the-counter medications, herbal remedies, dietary supplements, and other treatments or medications of the person receiving services. Include those identified in a Prescription Drug Monitoring Program (PDMP) that could affect their clinical presentation and/or pharmacotherapy, as well as information on allergies including medication allergies.</p> <p>8. An examination that includes current mental status, mental health (including depression screening and other tools that may be used in ongoing measurement-based care) and substance use disorders (including tobacco, alcohol, and other drugs).</p> <p>9. Basic cognitive screening for cognitive impairment.</p> <p>10. Assessment of imminent risk, 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.</p> <p>11. The strengths, goals, preferences, and other factors to be considered in treatment and recovery planning of the person receiving services.</p> <p>12. Assessment of the need for other services required by the statute (i.e., peer and family/caregiver support services, targeted case management, psychiatric rehabilitation services).</p> <p>13. Assessment of any relevant social service needs of the person receiving services, with necessary referrals made to social services. For children and youth receiving services, assessment of systems involvement such as child welfare and juvenile</p>			

<b>I. Certification Criteria</b>				
		<b>0: Does not meet today</b>	<b>1: Partially meets today</b>	<b>2: Fully meets today</b>
	justice and referral to child welfare agencies, as appropriate. 14. An assessment of need for a physical exam or further evaluation by appropriate health care professionals, including the primary care provider (with appropriate referral and follow-up) of the person receiving services. 15. The preferences of the person receiving services regarding the use of technologies such as telehealth/telemedicine, videoconferencing, remote patient monitoring, and asynchronous interventions.			
4.d.5	Screening and assessment conducted by the prospective CCBHC related to mental health and substance use disorder include those for which the CCBHC will be accountable pursuant to <a href="#">Program Requirement 5</a> and <a href="#">Appendix B</a> of the criterion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.d.6	The prospective CCBHC uses standardized and validated and developmentally appropriate screening and assessment tools (e.g., appropriate for the person and, where warranted, brief motivational interviewing techniques to facilitate engagement).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.d.7	The prospective CCBHC uses culturally and linguistically appropriate screening tools and approaches that accommodate all literacy levels and disabilities (e.g., hearing disability, cognitive limitations), when appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.d.8	If screening identifies unsafe substance use, including problematic alcohol or other substance use, the prospective CCBHC conducts a brief intervention and the person receiving services is provided a full assessment and treatment, if appropriate within the level of care of the CCBHC or referred to a more appropriate level of care. If the screening identifies more immediate threats to the safety of the person receiving services, the CCBHC will take appropriate action as described in 2.b.1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Scope of Services</b>  <i>Select ✓ for each service offered today. Vermont will require that CCBHCs offer each of the services listed below.</i>            Today, the prospective CCBHC provides:</p> <p><input type="checkbox"/> Screening using PHQ-2/9, CAGE-AI, PC-PTSD-5 screening</p> <p><input type="checkbox"/> Assessment using Adults Needs and Strengths Assessment (ANSA) and Child and Adolescent Needs and Strengths (CANS)</p> <p>Diagnosis services, including:</p> <p><input type="checkbox"/> Psychosocial evaluation</p> <p><input type="checkbox"/> Risk assessment for mental health conditions and substance use disorders</p>				

#### Criteria 4.E: Person-Centered and Family-Centered Treatment Planning

I. Certification Criteria				
		0: Does not meet today	1: Partially meets today	2: Fully meets today
4.e.1	The prospective CCBHC directly provides person-centered and family-centered treatment planning, including but not limited to risk assessment and crisis planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.e.2	The prospective CCBHC develops an individualized treatment plan based on information obtained through the comprehensive evaluation and the person receiving services' goals and preferences. The plan shall address the person's prevention, medical, and mental health and substance use-related needs. The plan shall be developed in collaboration with and be endorsed by the person receiving services; their family (to the extent the person receiving services so wishes); and family/caregivers of youth and children or legal guardians. All necessary releases of information shall be obtained and included in the health record as a part of the development of the initial treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.e.3	The prospective CCBHC uses the initial evaluation, comprehensive evaluation, and ongoing screening and assessment of the person receiving services to inform the treatment plan and services provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.e.4	The prospective CCBHC's treatment planning for the person receiving services includes needs, strengths, abilities, preferences, and goals, expressed in a manner capturing the words or ideas of the person receiving services and, when appropriate, those of the family/caregiver of the person receiving services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.e.5	The prospective CCBHC ensures the treatment plan is comprehensive, addressing all services required, including recovery supports, with provision for monitoring of progress toward goals. The treatment plan is built upon a shared decision-making approach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.e.6	Where appropriate, the prospective CCBHC seeks consultation during treatment planning as needed (e.g., eating disorders, traumatic brain injury, intellectual and developmental disabilities (I/DD), interpersonal violence and human trafficking).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.e.7	The prospective CCBHC ensures that the person's health record documents any advance directives related to treatment and crisis planning. If the person receiving services does not wish to share their preferences, that decision is documented. Please see 3.a.4., requiring the development of a crisis plan with each person receiving services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I. Certification Criteria				
		0: Does not meet today	1: Partially meets today	2: Fully meets today
<p><b>Scope of Services</b>  Please describe the extent to which your organization plans to provide required person-centered and family-centered treatment planning services directly versus through a DCO. This response will not be scored.  <i>Responses are limited to 2,500 characters.</i></p>				

**Criteria 4.F: Outpatient Mental Health and Substance Use Services**

I. Certification Criteria				
		0: Does not meet today	1: Partially meets today	2: Fully meets today
4.f.1	In the event specialized or more intensive services outside the expertise of the prospective CCBHC are required for purposes of outpatient mental and substance use disorder treatment, the CCBHC makes them available through referral or other formal arrangement with other providers or, where necessary and appropriate, through use of telehealth/telemedicine, in alignment with state and federal laws and regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.f.2	The prospective CCBHC provides treatments that are appropriate for the phase of life and development of the person receiving services, specifically considering what is appropriate for children, adolescents, transition-age youth, and older adults, as distinct groups for whom life stage and functioning may affect treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.f.3	The prospective CCBHC provides supports for children and adolescents that comprehensively address family/caregiver, school, medical, mental health, substance use, psychosocial, and environmental issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Scope of Services</b>  Select ✓ for each service offered. Vermont will require that CCBHCs offer each of the services listed below.</p> <p>The prospective CCBHC provides directly or contracts with outpatient mental health and substance use services in accordance with services covered under the state’s Medicaid program, including:</p> <input type="checkbox"/> Psychopharmacological treatment, including medical evaluation, management, and consultation <input type="checkbox"/> Medications for opioid use disorder (MOUD)				

<b>I. Certification Criteria</b>				
		<b>0: Does not meet today</b>	<b>1: Partially meets today</b>	<b>2: Fully meets today</b>
<input type="checkbox"/> Medications for alcohol use disorder (MAUD) <input type="checkbox"/> Individual, group, and family counseling <input type="checkbox"/> Intensive outpatient treatment <input type="checkbox"/> Early childhood and family mental health (ECFMH)				
<p><b>Narrative Question</b>  SAMHSA allows flexibility for CCBHCs to offer substance use services on-site or through DCOs. Vermont has a robust existing network of MOUD, MAUD, and outpatient substance use service providers that CCBHCs could use to provide substance use services. Organizations that leverage Preferred Providers, Hubs, and/or Spokes to provide substance use services will be scored higher.</p> <p>How will your organization provide MOUD, MAUD, and outpatient substance use services? Describe if your organization will provide these services directly versus through a DCO that is a Preferred Provider, a Hub, a Spoke, and/or another type of substance use services provider.  <i>Responses are limited to 2,500 characters.</i></p>				
<p><b>Narrative Question</b>  SAMHSA allows flexibility for states to establish a minimum set of evidence-based practices (EBPs) required of CCBHCs for outpatient mental health and substance use services and psychiatric rehabilitation services. This response will be scored based on the comprehensiveness of the organization’s approach to offering EBPs (i.e., how extensively the EBPs are used, how the organization ensures fidelity to the EBPs, how the organization trains providers in use of EBPs).</p> <p>List and describe the EBPs for outpatient mental health and substance use services and psychiatric rehabilitation services that your organization will provide as a prospective CCBHC (e.g., cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT), motivational interviewing, Individual Placement and Support (IPS)). Include in your response a description of how EBPs will be incorporated into the services provided; how your organization will provide staff training on EBPs; how your organization will ensure fidelity for EBPs as part of outpatient mental health and substance use services and psychiatric rehabilitation services; and the number of individuals estimated to receive each EBP annually.  <i>Responses are limited to 3,500 characters.</i></p>				


### Criteria 4.G: Outpatient Clinic Primary Care Screening and Monitoring

I. Certification Criteria				
		0: Does not meet today	1: Partially meets today	2: Fully meets today
4.g.1	The prospective CCBHC provides outpatient primary care screening and monitoring of key health indicators and health risk in a timely fashion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.g.1	The prospective CCBHC's Medical Director establishes protocols that conform to screening recommendations with scores of A and B, of the United States Preventive Services Task Force Recommendations (these recommendations specify for which populations screening is appropriate), for the following conditions: <ul style="list-style-type: none"> <li>• HIV and viral hepatitis.</li> <li>• Primary care screening pursuant to CCBHC Program Requirement 5, Quality and Other Reporting, and Appendix B.</li> <li>• Other clinically indicated primary care key health indicators of children, adults, and older adults receiving services, as determined by the CCBHC Medical Director, and based on environmental factors, social determinants of health, and common physical health conditions experienced by the person receiving services.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.g.1	The prospective CCBHC's Medical Director develops organizational protocols to ensure that screening for people receiving services who are at risk for common physical health conditions experienced by CCBHC populations across the life span. Protocols include: <ul style="list-style-type: none"> <li>• Identifying people receiving services with chronic diseases.</li> <li>• Ensuring that people receiving services are asked about physical health symptoms.</li> <li>• Establishing systems for collection and analysis of laboratory samples, fulfilling the requirements of 4.g.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.g.3	The prospective CCBHC provides ongoing primary care monitoring of health conditions as identified in 4.g.1 and 4.g.2, and as clinically indicated for the individual. Monitoring includes the following: <ol style="list-style-type: none"> <li>1. Ensuring individuals have access to primary care services.</li> <li>2. Ensuring ongoing periodic laboratory testing and physical measurement of health status indicators and changes in the status of chronic health conditions.</li> <li>3. Coordinating care with primary care and specialty health providers, including tracking attendance at needed physical health care appointments.</li> <li>4. Promoting a healthy behavior lifestyle.</li> </ol>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



I. Certification Criteria				
		0: Does not meet today	1: Partially meets today	2: Fully meets today
<p><b>Narrative Question</b>  Describe your organization’s planned approach to providing primary care screening and monitoring as a CCBHC (described above).  <i>Responses are limited to 2,500 characters.</i></p>				

**Criteria 4.H: Targeted Case Management Services**

I. Certification Criteria				
		0: Does not meet today	1: Partially meets today	2: Fully meets today
<p>4.h.1  <b>Priority criterion</b></p> 	<p>The prospective CCBHC is responsible for providing targeted case management services, including case management services for all Medicaid CRT and IHCBS enrollees, to assist people receiving services in sustaining recovery and gaining access to needed medical, social, legal, educational, housing, vocational, and other services and supports. CCBHC targeted case management provides an intensive level of support that goes beyond the care coordination that is a basic expectation for all people served by the CCBHC. CCBHC targeted case management should include supports for people deemed at high risk of suicide or overdose, particularly during times of transitions such as from a residential treatment, hospital ED, or psychiatric hospitalization. CCBHC targeted case management should also be accessible during other critical periods, such as episodes of homelessness or transitions to the community from jails or prisons. CCBHC targeted case management should be used for individuals with complex or serious mental health 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.</p> <p>For “1: Partially meets today” and “2: Fully meets today” responses, please detail how your organization partially or fully meets this criterion. Please write your response in the fillable field below. <i>Responses are limited to 1,000 characters.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>  <i>If “✓,” additional narrative response required</i>	<input type="checkbox"/>  <i>If “✓,” additional narrative response required</i>

--	--	--	--	--

**Narrative Question**

The prospective CCBHC is responsible for providing, directly or through contracting, targeted case management services, including but not limited to case management services for all Medicaid CRT and IHCBS enrollees, to assist people receiving services in sustaining recovery and gaining access to needed medical, social, legal, educational, housing, vocational, and other services and supports.

*Note: Targeted case management in the context of SAMHSA’s CCBHC requirements corresponds to intensive case management for populations with the most significant needs, as described in more detail below. CCBHC targeted case management does not refer to the Medicaid State Plan option for targeted case management.*

CCBHC targeted case management provides an intensive level of support that goes beyond the care coordination that is a basic expectation for all people served by the CCBHC. CCBHC targeted case management should include supports for people deemed at high risk of suicide or overdose, particularly during times of transitions, such as from a residential treatment, hospital emergency department, or psychiatric hospitalization. CCBHC targeted case management should also be accessible during other critical periods, such as episodes of homelessness or transitions to the community from jails or prisons. CCBHC targeted case management should be used for individuals with complex or serious mental health 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. This response will be scored on the comprehensiveness of the approach to providing targeted case management.

Describe your organization’s planned approach to providing targeted case management services as a CCBHC (described above).

*Responses are limited to 3,500 characters.*

**Criteria 4.I: Psychiatric Rehabilitation Services**

<b>I. Certification Criteria</b>				
		<b>0: Does not meet today</b>	<b>1: Partially meets today</b>	<b>2: Fully meets today</b>
4.i.1	The prospective CCBHC’s psychiatric rehabilitation services also support people receiving services to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I. Certification Criteria				
		0: Does not meet today	1: Partially meets today	2: Fully meets today
	<ul style="list-style-type: none"> <li>Participate in supported education and other educational services.</li> <li>Achieve social inclusion and community connectedness.</li> <li>Participate in medication education, self-management, and/or individual and family/caregiver psychoeducation.</li> <li>Find and maintain safe and stable housing.</li> </ul>			
<p><b>Scope of Services</b>            Select ✓ for each service offered. Vermont will require that CCBHCs offer each of the services listed below.</p> <p>The prospective CCBHC provides evidence-based rehabilitation services for both mental health and substance use disorders, including services covered under Medicaid, including community supports and supported employment consistent with state requirements for CRT services. Rehabilitative services include services and recovery supports that help individuals develop skills and functioning to facilitate community living; support positive social, emotional, and educational development; facilitate inclusion and integration; and support pursuit of their goals in the community.</p> <p>Please indicate the extent to which your organization provides each of the required psychiatric rehabilitation services directly or through contracting:</p> <p><input type="checkbox"/> Supported employment  <input type="checkbox"/> Community supports</p>				

#### Criteria 4.J: Peer Supports, Peer Counseling, and Family/Caregiver Supports

I. Certification Criteria				
<p><b>Scope of Services</b>            Select ✓ for each service offered. Vermont will require that CCBHCs offer each of the services listed below.</p> <p>The prospective CCBHC provides, directly or through contracting:</p> <p><input type="checkbox"/> Peer supports, including peer specialists and recovery coaches  <input type="checkbox"/> Peer counseling  <input type="checkbox"/> Family/caregiver support services, such as family therapy, family support groups, parent education, and family psychoeducation offered as part of specialty rehabilitation and family therapy services</p>				

#### Criteria 4.K: Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans

I. Certification Criteria				
		0: Does not meet today	1: Partially meets today	2: Fully meets today
4.k.1	The prospective CCBHC provides intensive, community-based mental health and substance use care for certain members of the U.S. Armed Forces and veterans, particularly those Armed Forces members located 50 miles or more (or one hour's drive time) from a Military Treatment Facility (MTF) and veterans living 40 miles or more (driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


<b>I. Certification Criteria</b>				
		<b>0: Does not meet today</b>	<b>1: Partially meets today</b>	<b>2: Fully meets today</b>
	distance) from a VA medical facility, or as otherwise required by federal law.			
4.k.1	The prospective CCBHC provides care to veterans that is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration (VHA), including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.k.1	The prospective CCBHC asks all individuals inquiring about services whether they have ever served in the U.S. military.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.k.2	Current Military Personnel: Persons affirming current military service will be offered assistance in the following manner: 1. Active-Duty Service Members (ADSM) must use their servicing MTF, and their MTF Primary Care Managers (PCMs) are contacted by the CCBHC regarding referrals outside the MTF. 2. ADSMs and activated Reserve Component (Guard/Reserve) members who reside more than 50 miles (or one hour's drive time) from a military hospital or military clinic enroll in TRICARE PRIME Remote and use the network PCM or select any other authorized TRICARE provider as the PCM. The PCM refers the member to specialists for care he or she cannot provide and works with the regional managed care support contractor for referrals/authorizations. 3. Members of the Selected Reserves, not on Active Duty (AD) orders, are eligible for TRICARE Reserve Select and can schedule an appointment with any TRICARE-authorized provider, network or non-network.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.k.2	The prospective CCBHC offers assistance to persons affirming former military service (veterans) to enroll in VHA for the delivery of health and mental health and substance use services. Veterans who decline or are ineligible for VHA services are served by the CCBHC consistent with minimum clinical mental health guidelines promulgated by the VHA.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.k.3	The prospective CCBHC ensures there is integration or coordination between the care of substance use disorders and other mental health conditions for those veterans who experience both, and integration or coordination between care for mental health conditions and substance use disorders and other components of health care for all veterans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>I. Certification Criteria</b>				
		<b>0: Does not meet today</b>	<b>1: Partially meets today</b>	<b>2: Fully meets today</b>
4.k.4	The prospective CCBHC assigns every veteran seen for mental health and substance use services a Principal Behavioral Health Provider. The Principal Behavioral Health Provider is identified on a tracking database for those veterans who need case management. The Principal Behavioral Health Provider ensures that the requirements listed in Requirement <a href="#">4.k.4 (pgs. 39-40)</a> are fulfilled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.k.5	The prospective CCBHC offers mental health and substance use services that are recovery-oriented and align with the 10 guiding principles of recovery outlined in the National Consensus Statement on Mental Health Recovery in the VHA's Uniform Mental Health Services Handbook listed in <a href="#">Program Requirement 4.k.5 (pg. 40)</a> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.k.6	The prospective CCBHC provides all mental health and substance use care with cultural competence. 1. Any staff who is not a veteran has training about military and veterans' culture to be able to understand the unique experiences and contributions of those who have served their country. 2. All staff receive cultural competency training on issues of race, ethnicity, age, sexual orientation, and gender identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.k.7	The prospective CCBHC provides a mental health/substance use disorder treatment plan for all veterans receiving mental health and substance use services: 1. The treatment plan includes the veteran's diagnosis or diagnoses and documents consideration of each type of evidence-based intervention for each diagnosis. 2. The treatment plan includes approaches to monitoring the outcomes (therapeutic benefits and adverse effects) of care, and milestones for reevaluation of interventions and of the plan itself. 3. As appropriate, the plan considers interventions intended to reduce/manage symptoms, improve functioning, and prevent relapses or recurrences of episodes of illness. 4. The plan is recovery oriented, attentive to the veteran's values and preferences, and evidence-based regarding what constitutes effective and safe treatments. 5. The treatment plan is developed with input from the veteran and, when the veteran consents, appropriate family members. The veteran's verbal consent to the treatment plan is required pursuant to VHA Handbook 1004.1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I. Certification Criteria				
		0: Does not meet today	1: Partially meets today	2: Fully meets today
<p><b>Scope of Services</b></p> <p>Please describe the extent to which your organization plans to provide required intensive, community-based mental health care for members of the armed forces and veterans services directly versus through a DCO.</p> <p><i>This response will not be scored. Responses are limited to 2,500 characters.</i></p>				


## Program Requirement 5: Quality and Other Reporting

### Criteria 5.A: Data Collection, Reporting, and Tracking

		0: Does not meet today	1: Partially meets today	2: Fully meets today
5.a.1 <b>Priority criterion</b> 	<p>The prospective CCBHC has the capacity to collect, report, and track encounter, outcome, and quality data, including but not limited to data capturing (1) characteristics of people receiving services; (2) staffing; (3) access to services; (4) use of services; (5) screening, prevention, and treatment; (6) care coordination; (7) other processes of care; (8) costs; and (9) outcomes of people receiving services.</p> <p>For “1: Partially meets today” and “2: Fully meets today” responses, please detail how your organization partially or fully meets this criterion. Please write your response in the fillable field below. <i>Responses are limited to 1,000 characters.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>  <i>If “✓,” additional narrative response required</i>	<input type="checkbox"/>  <i>If “✓,” additional narrative response required</i>
5.a.2	<p>The prospective CCBHC collects and reports on the Clinic-Collected quality measures identified as required in Appendix B of SAMHSA’s <a href="#">2023 CCBHC criteria</a>:</p> <ul style="list-style-type: none"> <li>• Time to Services (I-SERV).</li> <li>• Depression Remission at Six Months (DEP-REM-6).</li> <li>• Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC).</li> <li>• Screening for Clinical Depression and Follow-Up Plan (CDF-CH and CDF-AD).</li> <li>• Screening for Social Drivers of Health (SDOH).</li> </ul> <p>Reporting is annual and, for Clinic-Collected quality measures, reporting is required for all people receiving CCBHC services. CCBHCs are to report quality measures nine months after the end of the measurement year as that term is defined in the technical specifications.</p>	<i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification</i>		
5.a.2	<p>The prospective CCBHC arranges for access to such data as legally permissible upon creation of the relationship with DCOs. CCBHC ensures that consent</p>	<i>Unscored requirement</i>		

		0: Does not meet today	1: Partially meets today	2: Fully meets today
	is obtained and documented as appropriate, and that releases of information are obtained for each affected person.			
5.a.4	Prospective CCBHCs participating in the Section 223 Demonstration program annually submit a cost report with supporting data within six months after the end of each Section 223 Demonstration year to the state.	<i>Unscored requirement</i>		

### Criteria 5.B: Continuous Quality Improvement (CQI) Plan

		0: Does not meet today	1: Partially meets today	2: Fully meets today
5.b.1 <b>Priority criterion</b> 	<p>To maintain a continuous focus on quality improvement, the prospective CCBHC develops, implements, and maintains an effective, CCBHC-wide continuous quality improvement (CQI) plan for the services provided.</p> <p>For “1: Partially meets today” and “2: Fully meets today” responses, please detail how your organization partially or fully meets this criterion. Please write your response in the fillable field below. <i>Responses are limited to 1,000 characters.</i></p>	<input type="checkbox"/>	<input type="checkbox"/> <i>If “✓,” additional narrative response required</i>	<input type="checkbox"/> <i>If “✓,” additional narrative response required</i>
5.b.1	The prospective CCBHC establishes a critical review process to review CQI outcomes and implement changes to staffing, services, and availability that will improve the quality and timeliness of services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.b.2	The prospective CCBHC develops a CQI plan and addresses how the CCBHC will review known significant events including, at a minimum, (1) deaths by suicide or suicide attempts of people receiving services, (2) fatal and non-fatal overdoses, (3) all-cause mortality among people receiving CCBHC services, (4) 30-day hospital readmissions for psychiatric or substance use reasons, and (5) such other events the state or applicable accreditation bodies may deem appropriate for examination and remediation as part of a CQI plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



		<b>0: Does not meet today</b>	<b>1: Partially meets today</b>	<b>2: Fully meets today</b>
5.b.3	The prospective CCBHC develops a data-driven CQI plan and considers use of quantitative and qualitative data in their CQI activities. At a minimum, the plan addresses the data resulting from the CCBHC collected and, as applicable for the Section 223 Demonstration, State-Collected quality measures that may be required as part of the demonstration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.b.3	<p>The CQI plan includes an explicit focus on populations experiencing health disparities (including racial and ethnic groups and sexual and gender minorities) and addresses 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.</p> <p>For “1: Partially meets today” and “2: Fully meets today” responses, please detail how your organization partially or fully meets this criterion. Please write your response in the field under Column 2 or 3.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Program Requirement 6: Organizational Authority, Governance, and Accreditation

### Criteria 6.A: General Requirements of Organizational Authority and Finances

		0: Does not meet today	1: Partially meets today	2: Fully meets today
6.a.1	The prospective CCBHC maintains documentation establishing the CCBHC conforms to at least one of the following statutorily established criteria: <ul style="list-style-type: none"> <li>Is a non-profit organization, exempt from tax under Section 501(c)(3) of the United States Internal Revenue Code.</li> <li>Is part of a local government DMH and VDH-DSU.</li> <li>Is operated under the authority of the Indian Health Service, an Indian tribe, or a 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.).</li> <li>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.).</li> </ul>	<i>Unscored requirement</i>		
6.a.2	The prospective CCBHC has entered arrangements with the Indian Health Service, an Indian tribe, or tribal or urban Indian organizations to assist in the provision of services to tribal members and to inform the provision of services to tribal members. To the extent the CCBHC and such entities jointly provide services, the CCBHC and those collaborating entities shall, as a whole, satisfy the requirements of this criterion.	<i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification</i>		
6.a.3	The prospective CCBHC ensures an independent financial audit is performed annually for the duration that the clinic is designated as a CCBHC in accordance with federal audit requirements, and, where indicated, a corrective action plan is submitted addressing all findings, questioned costs, reportable conditions, and material weakness cited in the Audit Report.	<i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification</i>		

### Criteria 6.B: Governance

		0: Does not meet today	1: Partially meets today	2: Fully meets today
6.b.1	The prospective CCBHC's governance must be informed by representatives of the individuals being served by the CCBHC in terms of demographic factors such as geographic area, race, ethnicity, sex, gender identity, disability, age, and sexual orientation, and in terms of physical health, mental health, and substance use needs. The prospective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		0: Does not meet today	1: Partially meets today	2: Fully meets today
	<p>CCBHC will incorporate meaningful participation from individuals with lived experience of mental and/or substance use disorders and their families, including youth.</p> <p>The prospective CCBHC reflects substantial participation by one of two options that adheres to state requirements for DA governance:  <b>Option 1:</b> At least 51 percent of the CCBHC governing board is comprised of individuals with lived experience of mental and/or substance use disorders and families.  <b>Option 2:</b> Other means are established to demonstrate meaningful participation in board governance involving people with lived experience (such as creating an advisory committee that reports to the board). The CCBHC provides staff support to the individuals involved in any alternate approach that is equivalent to the support given to the governing board.</p>			
6.b.2	<p>If option 1 is chosen, the prospective CCBHC must describe how it meets this requirement or provide a transition plan with a timeline that indicates how it will do so. If option 2 is chosen, for CCBHCs not certified by the state, the federal grant funding agency will determine whether this approach is acceptable and, if not, require additional mechanisms that are acceptable. The prospective CCBHC must make available the results of its efforts in terms of outcomes and resulting changes.</p>	<p><i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification</i></p>		
6.b.3	<p>The prospective CCBHC will have or develop an advisory structure and describe other methods for individuals with lived experience and families to provide meaningful participation as defined in 6.b.1.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.b.4	<p>Members of the governing or advisory boards will be representative of the communities in which the prospective CCBHC's service area is located and will 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. No more than one half (50 percent) of the governing board members may derive more than 10 percent of their annual income from the health care industry.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Criteria 6.C: Accreditation

		0: Does not meet today	1: Partially meets today	2: Fully meets today
6.c.1	The prospective CCBHC is enrolled as a Medicaid provider and a licensed, certified, or accredited provider of both mental health and substance use disorder services including developmentally appropriate services to children, youth, and their families, unless there is a state or federal administrative, statutory, or regulatory framework that substantially prevents the CCBHC organization provider type from obtaining the necessary licensure, certification, or accreditation to provide these services. <sup>3</sup>	<i>Unscored requirement for preliminary readiness assessment; will be reviewed as part of certification</i>		
6.c.1	The prospective CCBHC participates in SAMHSA Behavioral Health Treatment Locator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>3</sup> Note: SAMHSA’s 2023 Certification Criteria indicate that CCBHCs do not need to directly provide substance use services. Recognizing that this requirement appears to contradict other guidance, Vermont is seeking clarification from SAMHSA and is not scoring this item.