



# **Vermont Community-Based Integrated Health Centers (CCBHC) Certification Guide**

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## Section 1 Overview

The Vermont Certified Community-Based Integrated Health Centers<sup>1</sup> (CCBHC) Certification Guide is a resource for organizations participating in Vermont's CCBHC Demonstration beginning in July 2025. Section 223 of the federal Protecting Access to Medicare Act of 2014 (PAMA) established the CCBHC Demonstration, which allows participating states to pilot the CCBHC model for delivering integrated mental health and substance use services in community clinics and to reimburse services through a Medicaid prospective payment system. This Certification Guide details requirements that organizations in Vermont must meet to achieve and retain CCBHC certification consistent with federal Substance Abuse and Mental Health Services Administration (SAMHSA) 2023 [Certified Community Behavioral Health Clinic \(CCBHC\) Certification Criteria](#) and Vermont-specific criteria. The Vermont Certification Guide is organized according to the six federal SAMHSA CCBHC Certification Criteria program requirements (Staffing; Availability and Accessibility of Services; Care Coordination; Scope of Services; Quality and Other Reporting; and Organizational Authority, Governance and Accreditation). The Certification Guide includes Vermont-specific criteria across the six CCBHC program requirements to align with Vermont Department of Mental Health (DMH) standards for Designated Agencies detailed in the [Mental Health Provider Manual](#) and Vermont Department of Health Division of Substance Use Programs (VDH DSU) [standards for Preferred Providers](#).

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

In accordance with federal requirements, CCBHCs in Vermont must be certified by the Vermont Agency of Human Services (AHS) as meeting SAMHSA and state certification criteria detailed in this guide to receive prospective payment system reimbursement for delivering the nine required CCBHC services (see service details below in Part 4: Scope of Services). In Vermont, CCBHCs are required to follow DMH's standards for Designated Agencies when SAMHSA requirements are less stringent or are silent on aspects of DMH's existing standards. The requirements listed throughout the Vermont CCBHC Certification Guide differentiate federal SAMHSA requirements and Vermont-specific requirements. The Vermont-specific requirements throughout this Certification Guide were developed with consultation from Vermont's public Clinical Criteria and Certification Process Subcommittee. CCBHCs must be recertified every three years to continue participating in the CCBHC Demonstration and to receive the Prospective Payment System (PPS) rate.

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

## Section 2 Staffing

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

- ✓ Complete a community needs assessment
- ✓ Align with general staffing, licensure, and credentialing requirements
- ✓ Establish partnerships with Designated Collaborating Organizations (DCOs)<sup>2</sup>, as applicable. For additional details on DCOs, see Part 1D: Designated Collaborating Organizations (DCOs).
- ✓ Create a staffing plan informed by community needs assessment findings. CCBHCs must use Vermont's statewide staffing plan template to complete their staffing plan.
- ✓ Meet cultural responsiveness and other training requirements
- ✓ Ensure linguistic competence to provide meaningful access to services

### 2.1 Community Needs Assessment

#### SAMHSA Requirements

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

SAMHSA-required elements<sup>3</sup> of the community needs assessment include:

1. **Service Area:** A description of the CCBHC service area, which should use recognized geographic boundaries, municipal or county borders, zip codes, or census tracts. While CCBHCs may serve multicounty areas, CCBHC service areas must be compact enough for the CCBHC to meaningfully assess and respond to the needs of the communities and populations living within the CCBHC service area and fulfill the requirements of the CCBHC Certification Criteria.
  - In Vermont, a CCBHC's service area must align with the provider's historical geographic service coverage and follow what has been indicated in the CCBHC's community needs assessment. The CCBHC is responsible for providing, at a minimum, crisis response, evaluation, and stabilization services regardless of an individual's place of residence. CCBHCs in Vermont are not required to provide continuous services, including telehealth, to individuals who live outside of the CCBHC service area.<sup>4</sup>
  - CCBHCs must have protocols to address the needs of individuals who do not live close to the CCBHC or within the CCBHC's service area. Protocols should address how to manage an individual's ongoing treatment needs beyond crisis services. Protocols may provide

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<sup>2</sup> A DCO is an entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC. CCBHCs enter DCO arrangements to deliver specialized services that the CCBHC does not provide directly within their clinic.

<sup>3</sup> For additional details, see Appendix A (page 51) of SAMHSA's [CCBHC Certification Criteria](#) and the National Council for Mental Wellbeing's CCBHC [Community Needs Assessment Toolkit](#).

<sup>4</sup> Stabilization and referral services are reimbursable under the CCBHC PPS rate if the individual is outside the designated CCBHC service area (but still in Vermont) and is enrolled in Medicaid; long-term and ongoing services will be reimbursed on a limited basis. Payment under the PPS rate may be made if the client specifically requests to receive services from the non-local CCBHC or the client's local provider does not offer the required service, and the non-local CCBHC accepts the client and has the capacity to deliver services in accordance with CCBHC quality standards. For additional information, see Vermont's CCBHC [Billing Manual](#).

for agreements with clinics in other localities, allowing the CCBHC to refer and track individuals seeking noncrisis services to the CCBHC or other clinics serving the individual's area of residence. CCBHCs may consider developing protocols for populations that may transition frequently in and out of the service area such as children who experience out-of-home placements and adults who are displaced by incarceration or housing instability.

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

## **Vermont Requirements**

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

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

- Low-income
- Unhoused
- Black, Indigenous – especially Abenaki and Persons of Color

- LGBTQIA+
- Having disabilities

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

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

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

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

## 2.2 General Staffing Requirements

### SAMHSA Requirements

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

The CEO of the CCBHC must maintain a fully staffed management team based on current community needs. This team must include at least a 1) CEO/Project Director and a 2) psychiatrist as Medical Director, who does not have to be a full-time employee. Depending on the size of the CCBHC, both positions (CEO or equivalent and the Medical Director) may be held by the same person. The CCBHC must have a formal arrangement to access consultation for substance use treatment by physician or specialists if the CCBHC's Medical Director lacks experience in treating substance use disorders.

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



- **Vermont requires** a CCBHC Medical Director to be a meaningful part of the mental health clinical service team at the CCBHC. This requires a Medical Director to work with the CCBHC staff onsite, with interspersed virtual attendance in administrative and clinical activities. Therefore, the CCBHC Medical Director must be onsite for a portion of time to effectively support administrative and clinical functions.

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

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

SAMHSA requires CCBHCs to maintain adequate liability/malpractice insurance. For more information on the liability/malpractice insurance requirements for CCBHCs in Vermont, see Vermont's [State Insurance Specification](#).

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

## 2.3 Licensure and Credentialing of Providers

### SAMHSA Requirements

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

### Vermont Requirements

*Substance Use Providers.* Providers must be licensed in Vermont to provide substance use disorder treatment, or:

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

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

*Mental Health Providers.* In accordance with DMH standards, providers delivering mental health services must refer to DMH's [Mental Health Provider Manual](#) (pages 18-19) for current staff



qualification requirements.<sup>5</sup> For example, supervised billing staff requirements apply for staff providing initial and comprehensive assessment, or individual, family, or group therapy. There are separate requirements for those providing crisis services, and a unique set for those providing medication and medical support services. Clinical assessments must be completed by staff who meet one of the following qualifications:

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

*Peer Services Providers.* Vermont requires that peer services at CCBHCs reimbursed through the PPS rate be delivered by [certified peers](#). This requirement does not preclude CCBHCs from employing and offering services by non-certified peers.

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

## 2.4 Designated Collaborating Organizations (DCOs)

***There are no Vermont-specific requirements beyond SAMHSA's requirements for the following criteria.***

### **SAMHSA Requirements**

Per SAMHSA requirements, CCBHCs can contract with, establish a memorandum of agreement, or establish a memorandum of understanding with a DCO to deliver one or more of the nine required

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<sup>5</sup> For non-licensed Psychiatric Nurse Practitioners refer to Section 3.6 – Supervised Billing for Behavioral Health Services in the Vermont Medicaid General Billing and Forms Manual, located at <http://www.vtmedicaid.com/assets/manuals/GeneralBillingFormsManual.pdf>

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

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

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

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

## **2.5 Staffing Plan**

### **SAMHSA Requirements**

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

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

### **Vermont Requirements**

Staffing plans, including any DCO providers that deliver services in collaboration with the CCBHC, must adhere to the [requirements set forth by DMH](#) for Designated Agencies and existing VDH DSU [standards for Preferred Providers](#), in addition to meeting SAMHSA's CCBHC certification standards described in the General Staffing Requirements section above. CCBHCs are required to complete a Vermont-specific staffing plan template as part of completing their community needs assessment. The staffing plan template must include staffing requirements for Vermont's required evidence-

based practices (EBPs) at CCBHCs. For additional details on required EBPs, see Part 4D: Outpatient Mental Health and Substance Use Services.

## **2.6 Staff Training Requirements, Including Cultural Responsiveness**

### **SAMHSA Requirements**

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

- Evidence-based practices (EBPs) (see details on required EBPs below in Part 4D: Outpatient Mental Health and Substance Use Services)
- Cultural competency (including trainings on Culturally and Linguistically Appropriate Services), advancing health equity, quality of service, active-duty military or veterans' needs, and minority health)
- Person-centered and family-centered care
- Recovery-oriented planning and services
- Trauma-informed care
- Continuity of operations/disasters
- Integration and coordination with primary care
- Care for co-occurring mental health and substance use disorders
- Risk assessment
- Suicide and overdose prevention
- Roles of family and peers

\*For additional details, see page 8 of SAMHSA's 2023 [CCBHC Certification Criteria](#).

### **Vermont Requirements**

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

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

## **2.7 Linguistic Competence and Americans with Disabilities Act Compliance**

### **SAMHSA Requirements**

CCBHCs must ensure meaningful access to services.

- Interpretation and translation services must be available for English Language Learners (ELL). To the extent interpreters are used, such translation service providers are trained to function in a medical and, preferably, a behavioral health setting.

- Auxiliary aids and Americans with Disabilities Act (ADA)-compliant services must be provided to individuals with physical, cognitive, or developmental disabilities, such as sign language interpreters and teletypewriter lines.
- Essential documents or information about accessing CCBHC services like registration forms and sliding fee schedules need to be accessible online and in print in languages commonly spoken within the community served, considering community literacy levels and the need for alternative formats.

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

### **Vermont Requirements**

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

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

## Section 3 Availability and Accessibility of Services

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

- ✓ Meet general access and availability requirements through hours of operation and locations for service delivery
- ✓ Meet requirements for timely access to services and initial and comprehensive assessment
- ✓ Ensure 24/7 access to crisis management services
- ✓ Provide services to individuals seeking care regardless of ability to pay or residence

### 3.1 General Access and Availability Requirements for Hours of Operation and Service Delivery

#### SAMHSA Requirements

Based on the feedback from the community needs assessment to meet community member needs, CCBHCs must:

- Offer services during accessible hours, including evenings and weekends;
- Offer services in accessible locations like schools, social service agencies, partner organizations, community centers, and, when feasible, in the homes of service recipients; and
- Conduct outreach, engagement, and retention activities to support underserved individuals and populations.

CCBHCs must provide services in settings that are clean and welcoming. CCBHCs must create and maintain disaster plans to ensure effective communication with staff, service recipients, and care coordination partners during emergencies, including strategies to maintain services and access to mental health and substance use medications. The disaster plan must also address IT system security, ransomware protection and backup access to health records in case of disasters.

For additional details on SAMHSA's general availability and accessibility requirements, see pages 11-12 of SAMHSA's 2023 [CCBHC Certification Criteria](#).

CCBHCs must use telehealth, video conferencing, remote monitoring, asynchronous interventions, and other technologies to provide services in accordance with the preferences of the individual receiving services.

#### Vermont Requirements

CCBHCs in Vermont must determine their hours of operation, including some evening and weekend availability, based on their community needs assessments. CCBHCs must post their hours of operation publicly. During the certification process, Vermont will verify that CCBHCs' hours of operation meet the needs of the community. Additionally, CCBHCs are required to inform clients about their operating hours and their options for receiving outpatient services outside of the CCBHCs' hours of operation.

### 3.2 Requirements for Timely Access to Services, Including Initial and Comprehensive Evaluation

#### SAMHSA Requirements

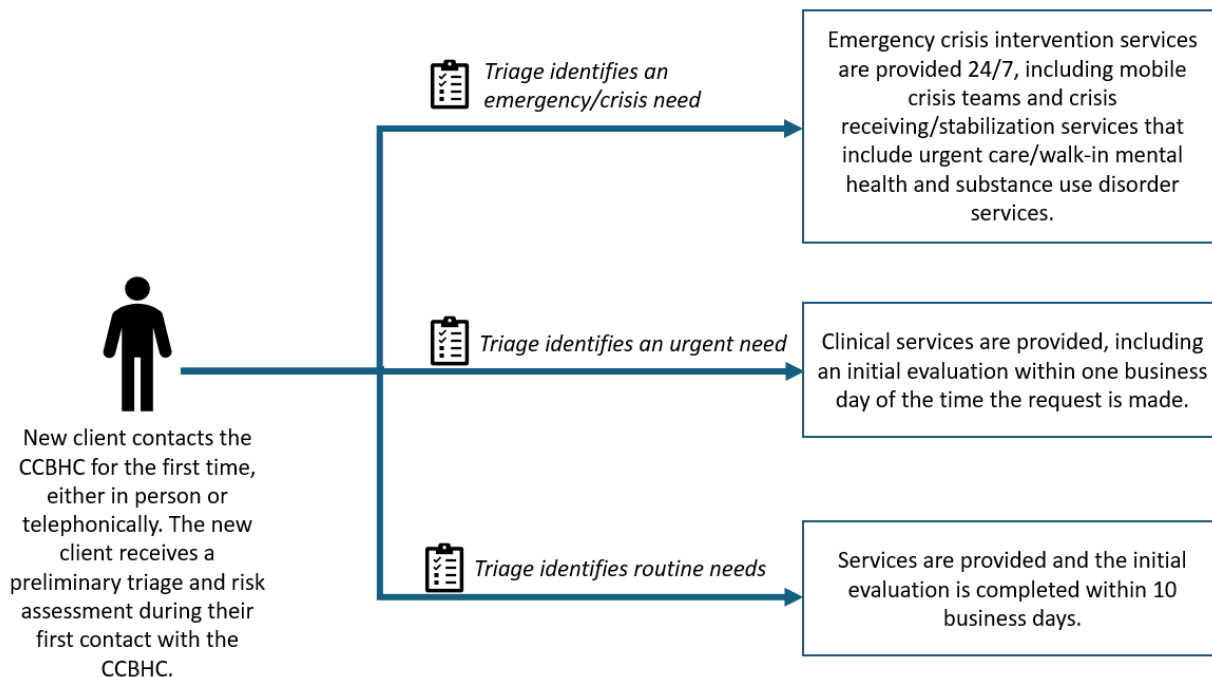
All new clients at CCBHCs must receive a preliminary triage and risk assessment during their first contact, whether in person or telephonically. The preliminary triage and risk assessment must be followed by: 1) an initial evaluation and 2) a comprehensive evaluation/clinical assessment.

As shown below in Figure 1:

- If the triage identifies an urgent need, clinical services, including an initial evaluation, must be provided within one business day of the request.
- If the triage identifies routine needs, services, including an initial evaluation, must be completed within ten business days of the request.

For new clients presenting with emergency or urgent needs, the initial evaluation may be conducted by phone or through telehealth/telemedicine and video conferencing. An in-person evaluation is preferred. If the initial evaluation is conducted telephonically, the person receiving services must be seen in person at the next subsequent encounter and the initial evaluation reviewed once the emergency is resolved.

Figure 1: CCBHC Preliminary Triage and Risk Assessment Processes



Current CCBHC clients seeking routine outpatient services must have an appointment scheduled within 10 business days unless stricter state, federal, or accreditation standards apply. In emergencies or crises, immediate action is taken based on the individual's needs, including crisis response if needed.

### Vermont Requirements

Consistent with DMH's [Mental Health Provider Manual](#) and VDH DSU's [Preferred Provider standards](#):

- **Comprehensive clinical assessment must be completed** within three clinical visits or 60 days from the initial request for services, whichever comes first.
- **Treatment plans must be completed** within four clinical visits or 30 days from the completion of the comprehensive clinical evaluation.

For additional details on SAMHSA's requirements for timely access to services and initial and comprehensive evaluation requirements, see pages 12-13 of SAMHSA's 2023 [CCBHC Certification Criteria](#) and below in Part 4B: Service 2: Screening, Assessment, and Diagnosis.

### 3.3 24/7 Access to Crisis Management

***There are no Vermont-specific requirements beyond SAMHSA's requirements for the following criteria.***

#### **SAMHSA Requirements**

CCBHCs must provide 24/7 crisis management services, as detailed below in Part 4: Scope of Services. CCBHCs must include and make public a detailed description of their policies and procedures for providing a continuum of crisis prevention, response and postvention services.

CCBHCs must educate individuals on crisis planning, psychiatric advanced directives, and accessing crisis services such as the regional 988 Suicide & Crisis Lifeline (call, chat, or text), other area hotlines, Vermont's Enhanced Mobile Crisis teams, warmlines, and overdose prevention if risk is indicated at the time of the initial evaluation. Additional details on crisis planning are included below under Part 3: Care Coordination.

For additional details on SAMHSA's requirements for 24/7 access to crisis management services, see pages 13-14 of SAMHSA's 2023 [CCBHC Certification Criteria](#).

### 3.4 Provision of Services Regardless of Ability to Pay and Provision of Services Regardless of Residence

#### **SAMHSA Requirements**

CCBHCs must ensure that individuals are not denied mental health or substance use services due to inability to pay, and that fees or payments will be reduced or waived as necessary to ensure access to services (PAMA § 223 (a)(2)(B)).

CCBHCs must maintain a published sliding fee discount schedule that encompasses all services offered in accordance with federal and Vermont-specific criteria. This fee schedule must be readily accessible on the CCBHC website, displayed in the CCBHC waiting room, and communicated in languages and formats suitable for individuals seeking services who are ELL or who have literacy barriers or disabilities. CCBHCs must create written policies and procedures on the eligibility criteria for, and the implementation of, the sliding fee discount schedule. The fee schedules comply with state or federal statutory or administrative requirements applicable to existing clinics. In the absence of such requirements, the schedule is based on locally prevailing rates or charges and includes reasonable operational costs. For additional details on sliding fee discount schedules, please reference SAMHSA's 2023 [CCBHC Certification Criteria](#), page 14. Vermont's Medicaid cost-sharing does not apply to CCBHC services, so the sliding fee schedule applies only to non-Medicaid CCBHC clients.

CCBHCs must ensure that mental health and substance use services, including crisis management, are provided regardless of residence, homelessness, or lack of a permanent address. CCBHCs must have protocols for individuals living outside of their service area. At a minimum, CCBHCs must provide crisis response, evaluation, and stabilization services within their service area, regardless of an individual's place of residence. The protocols must also address ongoing treatment management. For additional details on the requirements for CCBHCs to provide crisis response, evaluation, and stabilization services within their service area, regardless of where individuals live, see page 15 of the SAMHSA 2023 [CCBHC Certification Criteria](#).

**Vermont requirements:** The service area for CCBHCs in Vermont aligns with SAMHSA's requirements, which specify that CCBHC service areas use recognized geographic boundaries, municipal or county borders, zip codes, or census tracts. While CCBHCs may serve multicounty areas, CCBHC service areas must be compact enough for the CCBHC to meaningfully assess and



respond to the needs of the communities and populations living within the CCBHC service area and fulfill the requirements of the CCBHC Certification Criteria. In Vermont, CCBHC service areas are determined based on the provider's historical geographic service coverage.

### **3.5 Grievances and Appeals**

#### **Vermont Requirements**

CCBHCs in Vermont must align with DMH's member grievance and appeals requirements, detailed on page 58 of the DMH [Mental Health Provider Manual](#). CCBHCs and their DCOs must follow the [Administrative Rules on Agency Designation](#) and submit all grievances and individual service appeals to the Department of Vermont Health Access (DVHA) Warehouse within 14 calendar days of receipt. Issues related to Medicaid eligibility denial should be directed to DVHA.

## Section 4 Care Coordination

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

- ✓ Coordinate care across physical health, mental health, and substance use services
- ✓ Meet requirements for health information systems
- ✓ Establish agreements to support care coordination
- ✓ Establish a care treatment team and conduct treatment planning and care coordination activities
- ✓ Deliver person-centered and family-centered treatment planning

### 4.1 Coordinate Care Across Physical Health, Mental Health, and Substance Use Services and Other Systems

***There are no Vermont-specific requirements beyond SAMHSA's requirements for the following criteria.***

#### **SAMHSA Requirements**

As part of their commitment to furthering whole-person care, CCBHCs are required to coordinate care with other physical health, social services, long-term services and supports, and behavioral health providers for individuals they serve. Individuals receiving care from a CCBHC may also transition across settings of care including inpatient and residential as their needs change. Establishing care coordination partnerships with other systems and providers allows CCBHCs to support access to high-quality care by integrating other providers into treatment plans, referring individuals to other services and supports as appropriate, and facilitating transitions across different levels of care.

Using a person-centered and family-centered treatment plan, CCBHCs must coordinate care for individuals across physical health, mental health, and substance use care, as well as social services, housing, educational systems, and employment opportunities necessary for overall wellness and recovery. Additionally, CCBHCs must coordinate with other systems such as criminal and juvenile justice and child welfare to address individuals' needs.

CCBHCs must assist individuals and families referred to external providers in making appointments and must track their service participation. CCBHCs must also assist people receiving services and their families in accessing benefits, including Medicaid, and enroll in programs or other supports that may benefit the individual such as WIC or affordable housing programs.

CCBHCs must coordinate care based on the preferences and needs of the person receiving services, involving family/caregivers when appropriate. CCBHCs must develop a crisis plan with each individual receiving services to identify the individual's preferences to address psychiatric or substance use crises. If desired by the individual receiving services, the crisis plan may support the development of a Psychiatric Advance Directive. Individuals receiving services must be counseled about the regional 988 Suicide & Crisis Lifeline, local hotlines, warmlines, Vermont's Enhanced Mobile Crisis teams, and stabilization services as referenced above in Part 2C: 27/4 Access to Crisis Management.

CCBHCs must make and document efforts to identify medications prescribed by other providers. Vermont statute 18 V.S.A. §4289 requires prescribers of Schedule II, III, or IV controlled substances to register with the Vermont Prescription Monitoring System and use it as required by statute and VDH DSU rule.

CCBHCs must obtain consent from individuals served to share information with community partners when information is not able to be shared under the Health Insurance Portability and Accountability Act (HIPAA) and other federal and state laws and regulations. If CCBHCs cannot obtain consent to designate an interdisciplinary team to direct, coordinate, and manage an individual's care and services, these efforts must be documented and reviewed periodically. CCBHCs must work with DCOs to ensure all steps are taken, including obtaining consent from people receiving services, to comply with privacy and confidentiality requirements.

For individuals requiring a more intensive level of support beyond standard care coordination activities, CCBHCs must offer targeted case management services for individuals to access mental health services, substance use services, physical health services, and social supports through referrals and linkages to care. For additional details on targeted case management requirements for CCBHCs, see Part 4F: Targeted Case Management Services.

For more details on general CCBHC care coordination requirements and crisis plans, refer to SAMHSA 2023 [CCBHC Certification Criteria](#), pages 17-18.

## **4.2 Care Coordination Partnerships**

### **SAMHSA Requirements**

SAMHSA defines two types of relationships that CCBHCs can establish to partner with community providers on service delivery and/or care coordination: 1) DCO relationships (detailed above in Part 1D: Designated Collaborating Organizations) and 2) care coordination partnerships. Detailed below are the different entities that SAMSHA requires CCBHCs to establish care coordination partnerships with to ensure CCBHCs are equipped to coordinate individuals' care across physical health, specialty service, and social service providers and during transitions across levels of care.

SAMHSA defines CCBHC care coordination partnerships as partnerships that are supported by formal, signed agreements detailing the roles of each party. If the partnering entity is unable to enter into a formal agreement, the CCBHC may work with the partner to develop "unsigned joint protocols that describe procedures for working together and roles in care coordination." At a minimum, the CCBHC must develop written protocols for providing care coordination and must make efforts to strengthen partnerships so that protocols or formal agreements can be jointly developed by the CCBHC and their partner(s) in the future. All partnership activities must be documented to support partnerships independent of any staff turnover (SAMHSA 2023 [CCBHC Certification Criteria](#) pages 20-23).

CCBHCs are required to establish care coordination partnerships with the following entities and programs:

- Federally Qualified Health Centers (FQHCs) and, if applicable, Rural Health Clinics for care coordination when services are not directly provided by the CCBHC (e.g., primary care, outpatient therapy, medications for opioid use disorder). For individuals receiving services from other primary care providers, such as FQHC Look-Alikes and Community Health Centers, the CCBHC must have protocols to ensure proper care coordination.
- Inpatient psychiatric treatment providers, Opioid Treatment Program (OTP) services, medical withdrawal management facilities and ambulatory medical withdrawal management providers for substance use disorders, any residential substance use disorder treatment programs that exist within the CCBHC service area, and any tribally operated mental health and substance use services in the service area.

- Nearest Department of Veterans Affairs' medical center, independent clinic, drop-in center, or other facility of the Department (see Part 4J: Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans for additional details).
- **Vermont requirements:** CCBHCs must establish care coordination agreements with their regional Specialized Service Agencies (Pathways Vermont and Northeastern Family Institute), Preferred Providers, Blueprint FQHCs, and Hubs.

To support transitions of care, CCBHCs must establish and maintain care coordination partnerships with local inpatient acute care hospitals and their related services, including Emergency Departments (EDs), outpatient clinics, urgent care centers and residential crisis settings. CCBHCs must establish protocols for transitioning individuals from EDs, psychiatric programs, withdrawal management services and residential or inpatient facilities to community settings to reduce delays in starting services during and after a mental health or substance use crisis. This includes:

- Transferring health records (e.g., prescriptions);
- Coordinating services such as peer recovery specialists to support transitions from the ED or hospital to the CCBHC and community care;
- Ensuring service continuity; and
- Active follow-up post-discharge.

These protocols should focus on addressing the needs of individuals receiving services at CCBHCs after a psychiatric emergency, including delivering recovery-oriented treatment, limiting law enforcement contact, and ensuring safety. If needed, CCBHCs must coordinate plans for suicide prevention, overdose prevention, and peer services. CCBHCs must attempt to contact all individuals receiving CCBHC services who are being discharged from inpatient hospitals and associated services/facilities within 24 hours of discharge. After a psychiatric emergency, CCBHCs must work with individuals to develop and follow a crisis plan to prevent and manage future crises.

To support system-wide planning efforts, CCBHCs must also establish partnerships with community or regional services, supports and providers in their service area to facilitate joint planning for care and service delivery, identify individuals in need of services, provide services in community settings, offer support and consultation with community partners, and assist in outreach and engagement efforts. These partners include:

- Schools
- Child welfare agencies
- Juvenile and criminal justice agencies and facilities (including drug, mental health, veterans, and other specialty courts)
- State licensed and nationally accredited child placing agencies for therapeutic foster care service
- Other social and human services
- Regional 988 Suicide & Crisis Lifeline call center(s)

**Vermont Requirements:** CCBHCs in Vermont are encouraged to establish additional care coordination partnerships based on their community needs assessment. Examples of additional care coordination partners may include:

- Development Disability Services providers outside of Designated Agencies
- Parent-child centers
- Agency of Human Services regional offices

- Primary care providers
- Regional Office of Economic Opportunities
- Housing organizations
- Peer support and advocacy organizations
- Recovery centers
- Hospitals (medical and psychiatric)
- Homelessness organizations
- Employment services providers
- Vermont Communication Support Project

For additional details on care coordination partnership requirements, see SAMHSA 2023 [CCBHC Certification Criteria](#) pages 20-23.

### **4.3 Care Treatment Team, Care Coordination Activities, and Person-Centered and Family-Centered Treatment Planning**

#### **SAMHSA Requirements**

CCBHCs must establish a care treatment team that includes the person receiving services and their family/caregivers, if desired or legally required, as well as any others an individual desires to involve in their care. All treatment planning and care coordination activities must comply with HIPAA, 42 CFR Part 2, and other relevant federal and state laws, including those protecting patient privacy for minors.

CCBHCs must designate 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 or from other cultural and ethnic groups.

As one of the nine required CCBHC services, CCBHCs must directly or through a DCO provide person-centered and family-centered treatment planning, detailed under criteria 4.E in the SAMHSA 2023 [CCBHC Certification Criteria page 32](#). This includes—but is not limited to—risk assessment and crisis planning.

CCBHCs' interdisciplinary teams must develop comprehensive treatment plans informed by an individual's initial and comprehensive evaluation and their goals and preferences. The plan must address preventive, medical, mental health, and substance use service needs and it must be developed with input from the individual, their family (if desired), and caregivers or legal guardians of children and youth. Shared decision-making must be used for setting treatment plan goals. The treatment plan must ensure care is provided in the least restrictive setting, and CCBHCs must obtain and include all necessary releases of information in the health record during the initial treatment plan development. The CCBHC must use ongoing screening and assessment of the individual receiving services to inform the treatment plan and services provided. When appropriate, consultation must be incorporated into the treatment planning process when needed, particularly for cases involving eating disorders, traumatic brain injury, intellectual and developmental disabilities, interpersonal

violence, and human trafficking. An individual's health record must document any advance directives related to treatment and crisis planning.

Treatment plans must include the following:

- 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.
  - **Vermont requirement:** Treatment goals must be written in a specific, measurable, achievable, relevant, and time bound (SMART) format.<sup>6</sup>
- Coverage of all necessary services and recovery supports, with monitoring of progress towards goals.
- A shared decision-making approach.

The interdisciplinary treatment team reviews and updates the person-centered and family-centered treatment plan as needed, with the agreement of the person receiving services.

- Updates to the treatment plan occur based on changes in status, responses to treatment, or new treatment goals. The treatment plan must be reviewed and updated no less frequently than every six months.

**Vermont requirements:** CCBHCs must provide person-centered and family-centered treatment that includes services to collaboratively identify and prioritize goals and preferences, ensuring care is tailored to meet the needs of the individual or family receiving services. Additional details on reimbursement for these services are available in Vermont's CCBHC Billing Manual (Vermont's Draft CCBHC Billing Manual is [available here](#)).

- Service planning and coordination
- Discharge planning
- Nursing
- Orders of non-hospitalization management

For additional details on person-centered and family-centered treatment planning requirements, see SAMHSA's 2023 [CCBHC Certification Criteria](#) page 32. See Part 4: Scope of Services of this Vermont CCBHC Certification Guide for details on the other required CCBHC services.

## 4.4 Health Information Systems Requirements

### SAMHSA Requirements

CCBHCs must use a secure health IT system that includes electronic health records for tasks like population health management, quality improvement, addressing health disparities among different racial, ethnic, sexual, and gender groups, outreach, and research. When using federal funds to acquire, upgrade, or implement technology, systems must follow HHS standards<sup>7</sup> for health

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<sup>6</sup> SMART stands for specific, measurable, achievable, relevant, and time bound. For additional details, see SAMHSA's definition of SMART objectives: <https://www.samhsa.gov/sites/default/files/nc-smart-goals-fact-sheet.pdf> <https://www.samhsa.gov/sites/default/files/nc-smart-goals-fact-sheet.pdf>

<sup>7</sup> Pursuant to HHS Health IT Alignment policy and Section 13112 of the HITECH Act, recipients and subrecipients of award funding which involves acquiring, upgrading and implementing health IT must utilize health IT that meets standards and implementation specifications adopted by HHS in 45 CFR part 170, Subpart B, if such standards and implementation specifications can support the award activity.

information exchange. All care coordination activities at CCBHCs must adhere to [HIPAA](#) (Pub. L. No. 104-191, 110 Stat. 1936 (1996)) and corresponding federal regulations and 42 CFR Part 2 concerning alcohol and substance use disorder treatment information.

- **Vermont requirements:** In addition to meeting federal requirements, CCBHCs in Vermont must adhere to federal and state laws regarding the privacy and security of individually identifiable health information, including AHS rule No. 08-048, V.S.A. Title 9, Ch. 62 related to social security numbers, detailed on page 89 of the DMH [Mental Health Provider Manual](#).

SAMHSA requires that CCBHCs use technology that meets the Office of the National Coordinator (ONC) for Health Information Technology (IT) Certification Program criteria<sup>8</sup> for core certified health IT capabilities essential for key clinical practice and care delivery, as described in SAMHSA's 2023 [CCBHC Certification Criteria](#), page 19:

- *Capture health information, including demographic information such as race, ethnicity, preferred language, sexual and gender identity, and disability status (as feasible).*<sup>9</sup>
- *At a minimum, support care coordination by sending and receiving summary of care records*<sup>10</sup>
- *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*<sup>11</sup>
- *Provide evidence-based clinical decision support*<sup>12</sup>
- *Conduct electronic prescribing*<sup>13</sup>

See SAMHSA 2023 [CCBHC Certification Criteria](#) page 19 for additional details on the required health IT certification criteria and standards. Under the CCBHC program, CCBHCs are not required to have all of these health IT capabilities in place when certified or when submitting their attestation for certification but should plan to adopt and use technology meeting these requirements over time.

Within two years of CCBHC certification, CCBHCs must develop and implement a plan to improve care coordination with DCOs using a health IT system. This plan must outline how the CCBHC will support electronic health information exchange for better care transitions. The CCBHC must collaborate with DCOs to integrate treatment records into the CCBHC health record and ensure these records are accessible to DCOs within legal constraints. CCBHCs must collaborate with DCOs to ensure compliance with privacy and confidentiality requirements.

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<sup>8</sup> As of February 2023, current criteria are the 2015 Edition of health IT certification criteria, as updated according to the 2015 Edition Cures Update.

<sup>9</sup> United States Core Data for Interoperability (USCDI) standard at 45 CFR 170.213 and "Demographics" criterion at § CFR 170.315(a)(5).

<sup>10</sup> "Transitions of care" criterion at 45 CFR § 170.315(b)(1).

<sup>11</sup> "Application access – patient selection" criterion at § 170.315(g)(7); "Application access – all data request" criterion at § 170.315(g)(9) and "Standardized API for patient and population services" criterion at § 170.315(g)(10).

<sup>12</sup> "Clinical decision support" criterion at § 170.315(a)(9).

<sup>13</sup> "Electronic prescribing" criterion at § 170.215(b)(3).



## Section 5 Scope of Services

### SAMHSA Requirements

CCBHCs must ensure access to all care specified in the Protecting Access to Medicare Act of 2014. To achieve and maintain certification, CCBHCs must meet service provision requirements<sup>14</sup> and deliver nine required services either directly or through a DCO, detailed below:

1. Crisis Services
2. Screening, Assessment, and Diagnosis
3. Person-Centered and Family-Centered Treatment Planning\*
4. Outpatient Mental Health and Substance Use Services
5. Primary Care Screening and Monitoring
6. Targeted Case Management Services
7. Psychiatric Rehabilitation Services
8. Peer Supports and Family/Caregiver Supports
9. Community Care for Uniformed Service Members and Veterans

*\*Note: Scope of service requirements for person-centered and family-centered treatment planning requirements are detailed above in Part 3: Care Coordination.*

CCBHCs must provide at least 51% of these services directly, excluding crisis services, rather than through DCO agreements. Additional details on qualifying daily encounters reimbursable under the PPS model are included in Vermont's draft [CCBHC PPS & Encounter Claims November 2024](#) guidance.

CCBHCs must ensure that all services are available either directly or through a DCO, allowing clients to choose their providers. Referrals outside the CCBHC or DCO are permitted if specialty services are unavailable through CCBHCs or DCOs.

Individuals receiving services either directly at CCBHCs or through DCOs must be informed of and have access to the CCBHC's grievance procedures, which must meet Medicaid and other applicable accreditation or state requirements. DCO-provided services for CCBHC clients must meet CCBHC quality standards and meet other SAMHSA and Vermont-specific CCBHC criteria.

Vermont's state grievance procedures are detailed above in Part 2D: Grievance and Appeals. For additional details on general service provision requirements for CCBHCs, see SAMHSA 2023 [CCBHC Certification Criteria](#) page 26.

Services for children and youth must be family-centered, youth-guided, and developmentally appropriate. SAMHSA recommends CCBHCs use a shared decision-making model for engagement with clients. Person-centered and family-centered care must be responsive to the race, ethnicity, sexual orientation, and gender identity of individuals receiving CCBHC services. It must recognize cultural needs and include services for American Indian, Alaska Native (AI/AN), or other ethnic groups, providing access to traditional approaches or medicines. For AI/AN individuals, services may be offered directly or through tribal organizations.

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<sup>14</sup> CCBHCs must ensure all nine required CCBHC services, including those provided by its DCOs, comply with Section 2402(a) of the Affordable Care Act.

For additional details on person-centered and family-centered care requirements for CCBHCs, see SAMHSA 2023 [CCBHC Certification Criteria](#) pages 26-27.

## 5.1 Service 1: Crisis Mental Health and Substance Use Services

### SAMHSA Requirements

CCBHCs must provide crisis services directly or through a DCO agreement. Vermont's current crisis system meets federal CCBHC standards. CCBHCs must notify Vermont's DMH/VDH DSU team prior to starting the CCBHC certification process if they plan to partner with a crisis system that has less stringent standards, as this requires federal approval.

CCBHCs are required to provide three crisis mental health and substance use services either directly or through a DCO:

- **Emergency crisis intervention services:** CCBHCs must provide or coordinate with crisis call centers that meet 988 Suicide & Crisis Lifeline standards for risk assessment and engagement of individuals at imminent risk of suicide. They must participate in state, regional, or local air traffic control (ATC)<sup>15</sup> systems and service capacity registries, as appropriate, for real-time crisis care coordination. Established protocols must track referrals from call centers to CCBHCs to ensure timely delivery of mobile crisis team response, stabilization, and post-crisis follow-up.
- **24-hour mobile crisis teams:** CCBHCs must offer 24/7 community-based mental health and substance use crisis intervention through Vermont Enhanced Mobile Crisis teams.<sup>16</sup> These teams serve adults, children, youth, and families anywhere in a CCBHC's service area, including homes and workplaces. Mobile crisis teams are expected to arrive within one hour (two hours in rural/frontier areas) from dispatch, with a maximum response time of three hours, and can use telehealth to connect individuals in crisis to mental health providers during interim travel time. When remote distances prevent a timely response, technology may be used, but the ability to provide in-person responses must be available when necessary for safety.
- **Crisis receiving/stabilization:** CCBHCs' crisis receiving/stabilization services must include, at a minimum, urgent care/walk-in mental health and substance use disorder services for voluntary individuals. These services should identify the individual's immediate needs, de-escalate crises, and connect individuals to ongoing care. Walk-in hours must be based on the community needs assessment and must include evening hours. Ideally, these services are available for all acuity levels; however, CCBHCs are not required to manage the highest acuity individuals in their ambulatory setting. Crisis stabilization services should ideally be available 24/7, whether individuals present alone, with someone else, or with law enforcement, following state and local laws. CCBHCs may also support peer-run crisis respite programs and are encouraged to follow [SAMHSA National Guidelines for Behavioral Health Care Crisis](#) for crisis receiving/stabilization services.

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<sup>15</sup> ATC serves as a conceptual model for real-time coordination of crisis care and linkage to crisis response services. It may involve real-time connection to GPS-enabled mobile teams, true system-wide access to available beds, and outpatient appointment scheduling through the integrated crisis call center. For more information see [National Guidelines for Behavioral Health Crisis Care | SAMHSA](#).

<sup>16</sup> Enhanced Mobile Crisis services are billed outside of the CCBHC model. For additional details on CCBHC billing exceptions, see Vermont's CCBHC [Billing Manual](#).

- **Vermont-specific crisis receiving/stabilization services** include walk-in/urgent care for mental health crisis services. CCBHCs in Vermont must offer crisis stabilization services and assessment for inpatient and involuntary emergency care.

Crisis services must include suicide prevention and intervention, crisis intervention for substance use, and support after non-fatal overdoses after individuals are medically stable. Overdose prevention efforts must ensure access to naloxone for those at risk of opioid overdose, and as appropriate, their families. CCBHCs or their DCOs must offer developmentally appropriate responses, de-escalation supports, and connections to ongoing care. CCBHCs must have protocols for law enforcement's role during crises. As part of the requirement to provide training on trauma-responsive care detailed above in Part 1F: Staff Training Requirements, CCBHCs should specifically focus on applying trauma-responsive approaches during a crisis.

For additional details on crisis services requirements for CCBHCs, see SAMHSA 2023 [CCBHC Certification Criteria](#) pages 27-28.

## 5.2 Service 2: Screening, Assessment, and Diagnosis

### SAMHSA Requirements

CCBHCs must directly or through DCOs provide screening, assessment, and diagnosis services, including risk assessment for mental health and substance use conditions. If specialized services beyond the CCBHC's expertise are needed, such as neuropsychological or developmental testing, CCBHCs must refer the individual to a suitable provider. When necessary and appropriate, screening, assessment and diagnosis can also be delivered via telehealth/telemedicine. Screening, assessment, and diagnosis must be delivered in a timeframe responsive to the needs and preferences of the individual receiving services and should be comprehensive enough assess the individual's need for all services required to be provided by CCBHCs.

As detailed above in Figure 1, CCBHCs must complete an initial evaluation as part of their preliminary triage and risk assessment processes.

The initial evaluation, which includes information gathered as part of the preliminary triage and risk assessment completed as part of the CCBHCs' availability and access to services requirements detailed in Part 2: Availability and Accessibility of Services, includes at a minimum:

1. Preliminary diagnoses
2. Referral source
3. Reason for seeking care provided by the person receiving services or other significantly involved individuals
4. Identification of immediate clinical care needs related to the diagnosis for mental and substance use disorders of the person receiving services
5. List of all current prescriptions and over-the counter medications, herbal remedies, dietary supplements, and the indication for any medications
6. Summary of previous mental health and substance use disorder treatments, focusing on which treatments helped and were not helpful
7. Use of any alcohol and/or other drugs and indication for any current medications
8. Assessment of whether the person receiving services is a risk to self or to others, including suicide risk factors
9. Assessment of whether the person receiving services has concerns for their safety, such as intimate partner violence

10. Assessment of the need for medical care, with referral and follow-up as needed
11. Determination of whether the person presently is, or ever has been, a member of the U.S. Armed Services
12. For children and youth, whether they have system involvement such as child welfare and juvenile justice

**Vermont requirement:** CCBHCs may opt to complete both the initial and comprehensive evaluation during the initial evaluation period. If a CCBHC opts to not differentiate between the initial and comprehensive evaluation, they must ensure the evaluation covers all required components of both the initial and comprehensive evaluation.

After the preliminary triage and risk assessment, all individuals receiving CCBHC services must receive a comprehensive evaluation. Clinicians should use their judgment to engage patients based on their specific concerns, adhering to state, federal, or accreditation standards. The evaluation should gather an amount of information that matches the complexity of the patient's needs and respects their preferences regarding evaluation depth and treatment goals. The evaluation must include:

1. Reasons for seeking services at the CCBHC including symptom onset, severity of symptoms, and circumstances leading to the individual's presentation to the CCBHC of the individual seeking services.
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.
3. A description of cultural and environmental factors that may shape the treatment plan of the person receiving services, including the need for linguistic services or supports.
4. Pregnancy and/or parenting status.
5. Behavioral health history, including trauma history and previous therapeutic interventions and hospitalizations with a focus on what was effective and what was not effective in past treatments.
6. Relevant medical history and major health conditions that impact current psychological status.
7. A medication list including prescriptions, over-the counter medications, herbal remedies, dietary supplements, and other treatments or medications. The list must include treatments or medications identified in Vermont's Prescription Monitoring System that could affect the individual's clinical presentation and/or pharmacotherapy and include information about medication allergies.
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).
9. Basic cognitive screening for cognitive impairment.
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.
11. The strengths, goals, preferences, and other factors to consider in treatment and recovery planning.

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).
13. Assessment of any relevant social service needs, with necessary referrals made to social services. For children and youth receiving services, assessment of systems involvement such as child welfare and juvenile 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 individual's preferences regarding the use technologies such as telehealth/telemedicine, video conferencing, remote patient monitoring, and asynchronous interventions.

CCBHCs are required to use standardized, validated, and developmentally appropriate screening and assessment tools tailored to the individual. When necessary, they must utilize brief motivational interviewing techniques to enhance engagement. CCBHCs must use culturally and linguistically appropriate screening tools, accommodating all literacy levels and disabilities, such as hearing and cognitive impairments, when appropriate. SAMHSA requires CCBHCs to use the following screening tools:

- Depression (PHQ-2/9, PHQ-9M)
- Substance use (AUDIT, AUDIT-C, or Single Question Screening)
- Social Drivers of Health (18+)

**Vermont requirements:** CCBHCs in the state must use the following assessment tools in addition to those required by SAMHSA:

- CANS: Child and Adolescent Needs and Strengths Assessment
- ANSA: Adult Needs and Strengths Assessment

*Note: The CANS and ANSA at CCBHCs in Vermont must include two new questions on food insecurity and utility payments to assess the needs of adults and transition-age youth.*

If a screening identifies unsafe substance use, CCBHCs must provide the individual with a brief intervention and conduct a full assessment or refer the individual to an appropriate level of care. If the screening identifies immediate threats to the safety of the person receiving services, the CCBHC must take appropriate action as described in SAMHSA's 2023 [CCBHC Certification Criteria](#) 2.b.1, pages 12-13.

For additional details on screening, assessment, and diagnosis requirements for CCBHCs, see SAMHSA 2023 [CCBHC Certification Criteria](#) pages 29-32.

### **5.3 Service 3: Person-Centered and Family-Centered Treatment Planning**

**Note: Service 3: Person-Centered and Family Centered Treatment Planning is described above in Part 3: Care Coordination and in SAMHSA's 2023 [CCBHC Certification Criteria](#) 4.E, pages 32-33.**

### **5.4 Service 4: Outpatient Mental Health and Substance Use Services**

#### **SAMHSA Requirements**

The CCBHC directly, or through a DCO, must provide outpatient mental health and substance use care, including psychopharmacological treatment.

- The CCBHC or the DCO must provide evidence-based services using best practices for treating mental health and substance use disorders across the lifespan with tailored approaches for adults, children, and families as detailed below under Vermont requirements.
- In the event specialized or more intensive services outside the expertise of the CCBHC or DCO are required for purposes of outpatient mental health and substance use disorder treatment, the CCBHC must make them available through referral or other formal arrangement with other providers or through use of telehealth/telemedicine, in alignment with state and federal laws and regulations. Specialized or more intensive services beyond the nine core CCBHC services are billed outside of the CCBHC PPS model.
  - When specialist providers are unavailable to provide direct care, CCBHC staff may consult with specialized services providers for specialized treatment needs.
- The CCBHC must also provide or make available traditional practices/treatment as appropriate for the people receiving services served in the CCBHC area.
- For people with potentially harmful substance use receiving services, CCBHCs are strongly encouraged to engage the person with motivational techniques and harm reduction strategies to promote safety and/or reduce substance use.

CCBHCs must offer treatments that are appropriate for the phase of life and development of the individual receiving services, including children, adolescents, transition-age youth, and older adults. For children and adolescents, services must be evidence-based, developmentally appropriate, youth-guided, and family-driven. Supports for children and adolescents must comprehensively address family/caregiver, school, medical, mental health, substance use, psychosocial, and environmental issues. For older adults, individual desires and functioning should be considered. For individuals with developmental or cognitive disabilities, CCBHCs must assess level of functioning and have trained staff administer appropriate treatments. CCBHCs are encouraged to use evidence-based strategies to improve outcomes. CCBHCs in Vermont must offer the set of required Evidence-Based Practices (EBPs), detailed below.

### **Vermont Requirements**

CCBHCs in Vermont must offer the following core outpatient mental health and substance use services, which are reimbursable under the CCBHC model. These services include:

- Medication evaluation, management, and consultation
- Individual, group, and family therapy
- Partial hospitalization services (note: this is considered a core outpatient mental health service for CCBHCs with psychiatric partial hospitalization services available in their region)
- Outpatient treatment (ASAM Level 1) and intensive outpatient services (ASAM Level 2.1) for substance use treatment, including treatment of tobacco use disorders (detailed on pages 6-7 of VDH DSU's [Preferred Provider standards](#)).

CCBHCs in Vermont must offer the following Evidence-Based Practices (EBPs):

- Person-Centered Treatment Planning (PCTP)
- Cognitive Behavioral Therapy (CBT)
- Attachment, Regulation, and Competency for children up to age 21 who have had trauma in their lives (ARC)
- Dialectical Behavior Therapy (DBT)
- Individual Placement and Support -Evidence-Based Supported Employment (IPS)



- Medications for Opioid Use Disorder (MOUD)
- Medications for Alcohol Use Disorder (MAUD)
- Nicotine Replacement Therapy (NRT)
- Motivational Interviewing
- Collaborative Assessment and Management of Suicidality (CAMS)

As part of the CCBHC certification requirements, organizations must maintain fidelity to each of the required EBPs and any additional EBPs the CCBHC chooses to offer as indicated by their community needs assessment.

#### **State-Level Quality Assurance Requirements for EBPs:**

- Every three years, the state will review CCBHCs' completed EBP Questionnaire to ensure criteria are met.
- Annually, the state will:
  - Conduct an IPS Fidelity Review (*in-person and virtual chart reviews*)
  - Assist with IPS Training – (*in-person or virtual*)
  - Conduct a PCTP “fidelity” review (*virtual chart reviews & interviews*)
  - Attend (*virtually or in-person*) the CCBHC’s existing meeting with a focus on the state-required EBPs
- Quarterly, the state will convene a Learning Collaborative with sites led by state or paid expert on IPS, PCTP, and ARC. EBPs will be a focus at CCBHC State-Offered Technical Assistance Meetings.

#### **Local CCBHC Quality Assurance Requirements for EBPs:**

- Every three years, CCBHCs must complete an EBP Questionnaire provided by the state.
- Annually, CCBHCs must:
  - Develop a Training Plan for staff on EBP practices (*SAMHSA requirement*)
  - Provide staff training for EBPs
  - Assist the state with its fidelity review schedule for IPS and PCTP
  - Conduct external fidelity review on all other EBPs, if the practice has a rating scale

CCBHCs in Vermont are encouraged to complete the following activities to ensure quality practices and lead to a smoother quality assurance review of EBPs at the organization:

- Twice a year, use existing committees/teams to discuss EBP CQI efforts
- Monthly, 1) Use a standardized tool for each EBP in supervision or where appropriate; 2) Collect relevant EBP outcome data and review with CCBHC leadership and key staff; and 3) Have the CCBHC’s identified EBP champion meet briefly with the CCBHC’s leadership

For additional details on outpatient mental health and substance use services requirements for CCBHCs, see SAMHSA 2023 [CCBHC Certification Criteria](#) pages 33-34.

## **5.5 Service 5: Outpatient Clinic Primary Care Screening and Monitoring**

**There are no Vermont-specific requirements beyond SAMHSA’s requirements for the following criteria.**

### **SAMHSA Requirements**



CCBHCs must provide outpatient primary care screening and monitoring of key health indicators and health risk. Whether directly provided by the CCBHC or through a DCO, CCBHCs must ensure access to timely primary care screening and monitoring services.

CCBHC Medical Directors must establish protocols that align with the [United States Preventive Services Task Force \(USPSTF\) Recommendations](#) for primary care and preventive screenings, using [A and B grade recommendations](#). The USPSTF recommendations specify the populations where screening is appropriate for the following conditions:

- HIV and viral hepatitis
- Primary care screening pursuant to CCBHC Program Requirement 5 Quality and Other Reporting and Appendix B of SAMHSA 2023 [CCBHC Certification Criteria](#)
- 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 CCBHC person receiving services population.

CCBHC Medical Directors must develop organizational protocols to ensure that individuals receiving services are screened for common physical health conditions prevalent among CCBHC populations across the lifespan. These protocols must include:

- Identifying people receiving services with chronic diseases;
- Ensuring that people receiving services are asked about physical health symptoms; and
- Establishing systems for collection and analysis of laboratory samples, fulfilling the requirements of SAMHSA's primary care screening and monitoring requirements for CCBHCs (SAMHSA 2023 [CCBHC Certification Criteria](#), pages 34-35).

To meet SAMHSA's primary care screening and monitoring requirements, CCBHCs must collect biologic samples either directly, through a DCO, or via protocols with an independent clinical lab. Laboratory analyses can be conducted by the CCBHC or through an arrangement with a separate organization. CCBHCs must coordinate with primary care providers to ensure screenings occur for identified conditions. If an individual's primary care provider conducts necessary screening and monitoring, the CCBHC is not required to do so, provided the CCBHC has a record of the screening, monitoring, and test results.

CCBHCs must provide ongoing primary care monitoring of health conditions as identified above and in SAMHSA's 2023 [CCBHC Certification Criteria](#) 4.g.1 and 4.g.2, and as clinically necessary.

Monitoring includes:

1. Ensuring individuals have access to primary care services;
2. Ensuring ongoing periodic laboratory testing and physical measurement of health status indicators and changes in the status of chronic health conditions;
3. Coordinating care with primary care and specialty health providers including tracking attendance at needed physical health care appointments; and
4. Promoting a healthy behavior lifestyle.

*Note: The provision of primary care services outside of primary care screening and monitoring as defined in SAMHSA's 2023 [CCBHC Certification Criteria](#) 4.g is not within the scope of the nine required CCBHC services. CCBHC organizations may provide primary care services outside the nine required services, but these primary care services cannot be reimbursed through the CCBHC Demonstration PPS.*

For additional details on primary care screening and monitoring requirements, see SAMHSA 2023 [CCBHC Certification Criteria](#), pages 34-35.

## **5.6 Service 6: Targeted Case Management Services**

### **SAMHSA Requirements**

CCBHCs must provide, either directly or through a DCO, targeted case management services that support individuals receiving services to sustain recovery and access necessary medical, social, legal, educational, housing, vocational, and other support services.

CCBHC targeted case management offers an intensive level of support for individuals to access mental health services, substance use services, physical health services, and social supports through referrals and linkages to care beyond standard care coordination expected for all individuals served by the CCBHC.

Targeted case management services must include support for individuals considered at high risk of suicide or overdose, particularly during transitional periods such as discharge from residential treatment, hospital emergency departments, or psychiatric hospitalization.

Additionally, CCBHC targeted case management must be accessible during other critical times, such as episodes of homelessness or transitions from jails or prisons to the community. This service is intended for individuals with complex or serious mental health or substance use conditions, as well as individuals who require short-term support during critical periods.

For additional details on targeted case management requirements, see SAMHSA 2023 [CCBHC Certification Criteria](#), page 36.

### **Vermont Requirements**

CCBHCs in Vermont must provide targeted case management services to adults, children, and youth.

- Adult Targeted Case Management (TCM) services are provided to individuals with complex mental health needs demonstrated by a qualifying diagnosis and ANSA score.<sup>17</sup> CCBHCs will complete a form to document eligibility for Adult TCM services, including the ANSA score to record the individual's functional needs. CCBHCs will submit the form to DMH to review and determine eligibility for Adult TCM.
- Youth TCM services are available to all children and youth receiving services at CCBHCs. Youth TCM services include case management and community supports at the frequency and intensity deemed medically necessary for the child or youth. There are no restrictions on the case management and community supports available to children and youth under Youth TCM services.<sup>18</sup> Vermont's Youth TCM services meet the requirements in SAMHSA's 2023 CCBHC Certification Criteria.

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<sup>17</sup> CCBHCs will use a billing code for Adult TCM that indicates it is an intensive level of service for adults that would be eligible for Enhanced Services for Serious Mental Illness (previously Community Rehabilitation and Treatment).

<sup>18</sup> The traditional rehabilitative services of "community supports" and "service planning and coordination" codes can be mapped to TCM. Additional details on reimbursement for these services are available in Vermont's [CCBHC Billing Manual](#).

## 5.7 Service 7: Psychiatric Rehabilitation Services

### SAMHSA Requirements

CCBHCs must provide directly, or through a DCO, evidence-based rehabilitation services for mental health and substance use disorders.

Rehabilitative services include services and recovery supports that help individuals develop skills for community living and support their social, emotional, and educational development. These skills are essential for addressing social determinants of health and managing the complexities involved in finding housing or employment, completing paperwork, obtaining identification documents, building social networks, negotiating with property owners or managers, paying bills, and interacting with neighbors or coworkers.

Psychiatric rehabilitation must include supported employment programs to help individuals get and keep competitive jobs (e.g., evidence-based supported employment, customized employment programs, or employment supports run in coordination with Vocational Rehabilitation or Career One-Stop services). Psychiatric rehabilitation services must also support people receiving services to:

- Participate in supported education and other educational services;
- Achieve social inclusion and community connectedness;
- Participate in medication education, self-management, and/or individual and family/caregiver psychoeducation; and
- Find and maintain safe and stable housing.

For additional details on psychiatric rehabilitation service requirements, see SAMHSA 2023 [CCBHC Certification Criteria](#), pages 36-37.

**Vermont Requirements:** CCBHCs in the state must use the evidence-based Individual Placement and Support (IPS) supported employment model for their employment program services.

## 5.8 Service 8: Peer Supports, Peer Counseling and Family/Caregiver Supports

### SAMHSA Requirements

CCBHCs must provide peer supports, either directly or through a DCO, which connect individuals and families with peer specialists and recovery coaches to provide guidance, support, and help in accessing resources to address mental health and substance use challenges.

- **Vermont Requirement:** Peer services at CCBHCs must be delivered by [certified peers](#) in order to receive reimbursement through the CCBHC PPS rate. This requirement does not preclude CCBHC providers from employing non-certified peers.

Peer services may include:

- Peer-run wellness and recovery centers
- Youth/young adult peer support
- Recovery coaching
- Peer-run crisis respites
- Warmlines
- Peer-led crisis planning
- Peer navigators to assist individuals transitioning between different treatment programs and especially between different levels of care
- Mutual support and self-help groups

- Peer support for older adults
- Peer education and leadership development
- Peer support for assisting with employment and/or educational goals
- Peer recovery services
- Family/caregiver support services may include:
- Community resources education
- Navigation support
- Behavioral health and crisis support
- Parent/caregiver training and education
- Family-to-family caregiver support

For additional details on peer supports requirements, see SAMHSA 2023 [CCBHC Certification Criteria](#), page 37.

## **5.9 Service 9: Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans**

### **SAMHSA Requirements**

CCBHCs must provide, either directly or through a DCO, intensive community-based mental health and substance use care for certain U.S. Armed Forces members and veterans. This includes Armed Forces members located more than 50 miles (or one hour's drive time) from a Military Treatment Facility and veterans living 40 miles or more (driving distance) from a VA medical facility. Care for veterans must meet the Veterans Health Administration (VHA's) minimum clinical mental health guidelines, including guidelines in the Uniform Mental Health Services Handbook. These criteria aim to help CCBHCs deliver quality mental health and substance use services consistent with the Uniform Mental Health Services Handbook.

As part of the CCBHC's organizational screening protocols, CCBHCs must ask all individuals inquiring about services whether they have served in the U.S. military.

- **Current Military Personnel:** Persons affirming current military service must be offered assistance in the following manner either by CCBHCs directly or through a DCO:
  1. Active-Duty Service Members (ADSMs) must use their servicing Military Treatment Facility (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 a one-hour drive) 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 any care they cannot provide and works with the regional managed care support contractor for referrals/authorizations.
  3. Members of the Selected Reserves, not on Active Duty orders, are eligible for TRICARE Reserve Select and can schedule an appointment with any TRICARE-authorized provider, network or non-network.
- **Veterans:** Persons affirming former military service must be offered assistance to enroll in the VHA for health, mental health and substance use services. If veterans are declined or are ineligible for VHA services, CCBHCs must provide services according to VHA's minimum

clinical mental health guidelines, as outlined in the Uniform Mental Health Services Handbook (VHA Handbook 1160.01).

CCBHCs must integrate or coordinate care for veterans with both substance use disorders and other mental health conditions, as well as ensure coordination between mental health and substance use care and all other health care services.

CCBHCs must ensure that each veteran receiving mental health and substance use services is assigned a Principal Behavioral Health Provider who coordinates care across multiple providers and programs. This provider must be clearly identified to the veteran and noted in their health record. For veterans requiring case management, the Principal Behavioral Health Provider's information is recorded in a tracking database. Pages 39-40 of SAMHSA's 2023 [CCBHC Certification Criteria](#) detail the requirements that the Principal Behavioral Health Provider must ensure are fulfilled.

Mental health and substance use health services are aimed at recovery. The VHA has incorporated the National Consensus Statement on Mental Health Recovery into its Uniform Mental Health Services Handbook. SAMHSA has also developed a working definition and set of principles for recovery, updating the Consensus Statement. Recovery is defined as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential" and details the 10 guiding principles of recovery on page 40 of SAMHSA's 2023 [CCBHC Certification Criteria](#). Care for veterans must conform to that definition and to those principles to satisfy the statutory requirement that care for veterans adheres to VHA guidelines.

CCBHCs are required to provide culturally responsive mental health and substance use, including:

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.

CCBHCs must ensure there is a mental health and substance use treatment plan for all veterans receiving services that includes the following requirements:

1. The veteran's diagnosis or diagnoses and documents consideration of evidence-based interventions for each diagnosis.
2. The 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 needed, interventions intended to reduce/manage symptoms, improve functioning, and prevent relapses or recurrences of episodes of illness.
4. Is recovery-oriented, attentive to the veteran's values and preferences, and evidence-based regarding what constitutes effective and safe treatment.
5. Is developed with input from the veteran and, when the veteran consents, appropriate family members; verbal consent to the treatment plan is required pursuant to VHA Handbook 1004.1.

For additional details on intensive, community-based mental health care for members of the Armed Forces and veterans requirements, see SAMHSA 2023 [CCBHC Certification Criteria](#), page 38-41.

### **Vermont Requirements**

Vermont requires that all intakes and initial evaluations at CCBHCs ask clients, "Have you or a family member ever served in the military?"

CCBHCs can visit [Mission Connect Vermont](#) for more guidance on identifying service members, veterans, and family members and learn how this aligns with the Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families.

# Section 6    Quality and Other Reporting

## 6.1        Data Collection, Reporting and Tracking

### SAMHSA Requirements

CCBHCs must have the ability to collect, report and track encounter, outcome, and quality data. This includes, but is not limited to, data on: 1) characteristics of individuals receiving services; 2) staffing; 3) access to services; 4) utilization of services; 5) screening, prevention and treatment; 6) care coordination; 7) other care processes; 8) costs; and 9) outcomes of individuals receiving services. Where feasible, information about individuals receiving services and care delivery must be captured electronically using widely available standards. There are two types of CCBHC quality measures: clinic-collected measures and state-collected measures.

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

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

### Vermont Requirements

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

For Vermont CCBHCs obtaining certification in 2025, the first Measurement Year/Calendar Year (MY/CY) under the demonstration will be 2026. The lookback period for collecting, reviewing, analyzing, and reporting quality measures will include CY 2025. For Vermont CCBHCs obtaining certification in 2026, the first MY/CY under the demonstration year will be 2027 and the lookback period will include CY 2026. This cadence for quality measures reporting will continue in future years of the demonstration.

**Table 1: CCBHC Clinic-Collected and State-Collected Quality Measures List**

Clinic-Collected Quality Measures
Required by SAMHSA
Time to Services (I-SERV)
Depression Remission at 6 months (DEP-REM-6)
Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)
Screening for Clinical Depression and Follow-Up Plan (CDF-CH and CDF-AD age groups)
Screening for Social Drivers of Health (SDOH)
State-Collected Quality Measures



Required by SAMHSA

- Adult Patient Experience of Care Survey (AD)
- Youth/Family Experience of Care Survey (CH)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)
- Follow-Up After Hospitalization for Mental Illness, ages 18+ (adult) (FUH-AD)
- Follow-Up After Hospitalization for Mental Illness, ages 6 to 17 (child/adolescent) (FUH-CH)
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)
- Follow-Up After Emergency Department Visit for Mental Illness (FUM-CH; FUM-AD)
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-CH and FUA-AD)
- Plan All-Cause Readmissions Rate (PCR-AD)
- Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH)
- Antidepressant Medication Management (AMM-BH)
- Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)
- Hemoglobin A1c Control for Patients with Diabetes (HBD-AD)

## 6.2 Cost Reporting

### SAMHSA Requirements

As part of the CCBHC Demonstration, SAMHSA requires that CCBHCs annually submit a cost report to the state with supporting data within six months after the end of each demonstration year.<sup>19</sup> Vermont will review the submission for completeness and submit to CMS the report and any additional clarifying information within nine months after the end of each demonstration year (SAMHSA 2023 [CCBHC Certification Criteria](#), page 44). States are required to rebase their prospective payment system rates for Demonstration Year 3 (DY3) using their DY2 cost report data, and subsequently must rebase their PPS rates at least once every three years thereafter (detailed in [CMS' PPS Guidance](#)). For additional details on Vermont's cost reporting and billing expectations for CCBHCs, please reference Vermont's CCBHC Billing Manual (Vermont's Draft CCBHC Billing Manual is [available here](#)).

## 6.3 Continuous Quality Improvement Planning

### SAMHSA Requirements

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

- Deaths by suicide or suicide attempts by people receiving services
- Fatal and non-fatal overdoses

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<sup>19</sup> Vermont's CCBHC Demonstration begins on July 1, 2025, and ends on June 30, 2029.

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

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

### **Vermont Requirements**

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

## Section 7 Organizational Authority, Governance and Accreditation

### 7.1 Organizational Authority and Finances

#### SAMHSA Requirements

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

- Is a non-profit organization, exempt from tax under Section 501(c)(3) of the United States Internal Revenue Code<sup>20</sup>
- Is part of a local government behavioral health authority<sup>21</sup>
- Is operated under the authority of the Indian Health Service, an Indian tribe, or tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the Indian Health Service pursuant to the Indian Self-Determination Act (25 U.S.C. 450 et seq.)
- Is an urban Indian organization pursuant to a grant or contract with the Indian Health Service under Title V of the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.)

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

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

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

#### Vermont Requirements

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

### 7.2 Governance

#### SAMHSA Requirements

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

- CCBHCs must ensure individuals with lived experience of mental and/or substance use disorders and their families, including youth, meaningfully participation in CCBHC leadership and decision-making. This includes involving people with lived experience and family

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<sup>20</sup> Vermont's Designated Agencies meet SAMHSA's statutorily established criteria for CCBHCs to be non-profit organizations, exempt from tax under Section 501(c)(3) of the United States Internal Revenue Code

<sup>21</sup> Note: A CCBHC is considered part of a local government behavioral health authority when "a locality, county, region or state maintains authority to oversee behavioral health services at the local level and utilizes the clinic to provide those services" (SAMHSA 2023 [CCBHC Certification Criteria, page 45](#)).

members in developing initiatives, identifying community needs, providing input on service development and CQI processes, budget development and fiscal decision-making.

- CCBHC governing board members must be chosen for their expertise in sectors such as health services, community affairs, local government, finance, legal affairs, trade unions, faith communities, commerce, industry, or social services. No more than half of the governing board members may earn more than 10 percent of their annual income from the healthcare industry.

### **Vermont Requirements**

SAMHSA offers two options for CCBHCs' governance to reflect substantial participation by people and family members with lived experience of mental health and/or substance use disorders. Vermont requires that CCBHCs align with SAMHSA's "Option 1" for CCBHC governance that at least 51% of a CCBHC's governing board is comprised of individuals and families with lived experience of mental and/or substance use disorders. CCBHCs must describe how they currently meet this governance requirement or have a transition plan and timeline for how they will come into compliance. There must be representation for all three service populations: adult mental health, child, youth, and family mental health, and substance use. CCBHCs in Vermont are also expected to have standing committee(s) in alignment with Vermont's [Administrative Rules on Agency Designation](#).

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

## **7.3 Accreditation**

### **SAMHSA Requirements**

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

### **Vermont Requirements**

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

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

1. Full Certification: No corrective action plan needed.
2. Provisional Certification: Receives a corrective action plan, which must be approved by the state. The PPS rate continues through the corrective action period. If the corrective action plan cannot be resolved in a six-month timeframe, the organization will not retain the PPS rate and will not be eligible for recertification for at least 12 months.
3. Decertification: Organizations will have the opportunity to appeal decertification.

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

1. Informal Accountability Plan (IAP): Does not impact CCBHC certification status. The IAP is reserved for items that are not significant enough to warrant delay of initial CCBHC certification or loss of certification. CCBHCs are accountable to resolve these matters on the timeline agreed upon by the state, typically within six months. Items that are not resolved in six months need renewed approval by the state and may become Corrective Action Plan items. Under Agency Designation, items considered 'minor deficiencies' fall under this category.
2. Corrective Action Plan (CAP): CCBHCs will have up to six months to resolve their CAP, during which time they will be placed on Provisional Certification status. The CAP is reserved for significant items that impact the CCBHC's ability to achieve or retain full certification. CAPs will be approved for no more than six months after state approval of plan. The PPS rate will continue through the approved CAP period. If an item cannot be resolved in the six-month timeframe, the CCBHC will not retain the PPS rate, and the organization will not be eligible for recertification for at least 12 months. Under Agency Designation, items considered 'major deficiencies' fall under this category.
3. Decertification: No CAP option, unless the organization appeals.

CCBHCs are required to notify state partners in any of the following scenarios, which may lead to a review of certification status:

- Inability to provide required CCBHC services to eligible individuals
- Closing or opening a service delivery site, including starting or ending a DCO arrangement
- Staff changes limiting the ability to provide services as certified, including a Medical Director
- Change in capacity to implement Vermont's required EBPs

Conditions for CCBHC decertification include:

- Failure to provide Vermont DMH and VDH DSU teams with requested documentation required to determine that CCBHC requirements are met.
- Failure to correct any deficiencies in meeting CCBHC requirements.
- Complaints from individuals resulting in non-compliance with CCBHC requirements.
- Failure to maintain required licensures, certifications, and accreditations.
- Non-compliance with rate setting, including rebasing processes.
- Misrepresentation of any required data reported to Vermont.

## Section 8 Appendix

### 8.1 Appendix 1: Community Needs Assessment Quantitative Data Sources

Organizations must leverage internal and external quantitative data sources, including publicly available state and local data and reports, to complete their community needs assessment. Recommended quantitative data that may be specific to Vermont are listed immediately below. Vermont-specific data sources strongly recommended to include are:

- [YRBS \(Youth Risk Behavior Survey\)](#)
- [BRFSS \(Behavioral Risk Factor Surveillance System\)](#)
- [State Health and Assessment and Improvement Plan](#)
- [Hospital Sustainability and Act 167](#)
- [2024 National Survey on LGBTQ+ Youth Mental Health – Vermont](#)
- [Vermont Agency of Education](#)
- [Vermont Substance Use Dashboard](#)
- [KFF Mental Health and Substance Use Fact Sheets - Vermont](#)
- [SAMHSA Universal Reporting System](#)
- [Vermont Abenaki Bands](#)
- [Economic and Social Outcomes by Race/Ethnicity in Vermont 2013-2018](#)
- [Vermont Health Equity Data](#)
- [PRAMS \(Pregnancy Risk Assessment Monitoring System\)](#)
- [National Survey on Drug Use and Health \(NSDUH\)](#)
- [Regional CANS and ANSA data](#)
- [School mental health related reporting](#)

### 8.2 Appendix 2: Proposed Rights of Individuals Served (Across all Populations)

*The Proposed Rights of Individuals Served is also available on [Vermont's CCBHC webpage](#).*

#### **Proposed Rights of Individuals Served (Across all Populations)**

- Rights of the Person Served: The CCBHC shall have a written policy ensuring the rights of all individuals are observed consistent with state and federal law, including 18 V.S.A. § 8728, as well as those identified in this rule.
  - Rights of the person served must be communicated to the person served:
  - In a manner the person served understands.
  - Prior to the beginning of service delivery or at the initiation of service delivery.
  - As evidenced by the signature of the person served, and/or their legal guardian
  - When informed consent is not possible due to the inability of the person served to understand his/her rights in the treatment process, documentation of this factor appears in the client record.
- The Provider's policies promote the following rights of the persons served:
  - Confidentiality of information.
  - Privacy

- Individuals shall have the right to privacy consistent with applicable law, including HIPAA (Pub. L. No. 104-191, 110 Stat. 1936 (1996)), 42 CFR Part 2, and patient privacy requirements specific to the care of minors required by 18 V.S.A. §7103.
  - Individuals have the right to be informed of the limitations of privacy and confidentiality.
- Freedom from:
  - Abuse.
  - Financial or other exploitation.
  - Retaliation.
  - Humiliation.
  - Neglect.
- Access to:
  - Information pertinent to person served in a timely manner in order to facilitate their decision-making.
  - Their record.
  - Their treatment plan.
  - Participate in developing their individualized treatment plan.
  - Provider qualifications
  - Practice guidelines
  - Staff code of ethics
- Informed consent or refusal regarding:
  - Service delivery
  - Providers on case
  - Release of information
  - Creation and/or provider access to Advance directive(s)
  - Concurrent services
  - Natural supports that are allowed and not allowed to participate in their supports
  - Medications prescribed, except where required by court order
  - Involvement in human subject research projects, if applicable.
- Access or referral to:
  - Receive treatment and services in the most integrated, least restrictive setting appropriate to their needs.
  - Self-help support services
  - Advocacy support services
- Adherence to human subject research guidelines and ethics when persons served are involved, if applicable.
- Investigation and resolution of alleged infringement of rights.



- Other legal rights
  - Individuals or their guardian have the right to all legal protection and due process for status as an outpatient and inpatient individual, both voluntary and involuntary, as defined under Vermont law.

### **8.3 Addendum 1: Client Rights (Mental health current set– As planned for Admin Rule update early 2025):**

#### **4.0 Individual Rights**

- 4.0.1.1 The Agency shall have a written policy ensuring the rights of all individuals are observed consistent with state and federal law, including 18 V.S.A. § 8728, as well as the State System of Care Plan for DAIL, and the DMH [Mental Health Provider Manual](#), and those identified in this rule.

#### **4.1 General Rights**

- 4.1.1.1 The individual has the right to be informed of their rights at intake and/or initial evaluation, as evidenced by the individual (or representative's) signature. Exceptions may be made for no signature when thoroughly documented with a rationale;
- 4.1.1.2 The right to be treated with dignity and respect by all staff;
- 4.1.1.3 The right to participate in decision making regarding services, treatment plans, ongoing supports, and practices; and
- 4.1.1.4 The right to information that is needed to plan appropriate service and supports.

#### **4.2 Privacy Rights**

- 4.2.1.1 Individuals shall have the right to privacy consistent with applicable law, including HIPAA (Pub. L. No. 104-191, 110 Stat. 1936 (1996)), 42 CFR Part 2, and patient privacy requirements specific to the care of minors required by 18 V.S.A. §7103.
- 4.2.1.2 Individuals have the right to be informed of the limitations of privacy and confidentiality.

#### **4.3 Access to Services**

- 4.3.1.1 Individuals have the right to receive information about eligibility criteria, practitioner qualifications, practice guidelines, and available services and programs regardless of whether they are offered by the Agency.
- 4.3.1.2 Individuals have the right to receive treatment and services in the most integrated, least restrictive setting appropriate to their needs.
- 4.3.1.3 Individuals have the right to a comprehensive service plan that incorporates coordination with other relevant Agencies/systems if desired.

#### **4.4 Personal Liberty and Autonomy**

- 4.4.1.1 Individuals or their guardian have the right to name who their natural supports are, and to name those natural supports they do not want from participating in their supports.

- 4.4.1.2 Individuals or their guardian have the right to create a Psychiatric Advance Directive, have support to create it if desired, and have Agency honor what is included.
- 4.4.1.3 Individuals or their guardian have the right to refuse or terminate services, providers, and/or medication, except where required by court order.
- 4.4.1.4 Individuals or their guardian have the right to voice complaints, grieve treatment and services, and/or appeal decisions made by an Agency without negative consequences.
- 4.4.1.5 Individuals or their guardian have the right to all legal protection and due process for status as an outpatient and inpatient individual, both voluntary and involuntary, as defined under Vermont law.

## **8.4 Addendum 2: Client Rights (Preferred Provider List)**

- 10.0 Rights of the Person Served
- 10.1 Rights of the person served must be communicated to the person served:
  - 10.1.1 In a manner the person served understands.
  - 10.1.2 Prior to the beginning of service delivery or at the initiation of service delivery.
  - 10.1.3 When informed consent is not possible due to the inability of the person served to understand his/her rights in the treatment process, documentation of this factor appears in the client record.
- 10.2 The Provider's policies promote the following rights of the persons served:
  - 10.2.1 Confidentiality of information.
  - 10.2.2 Privacy.
  - 10.2.3 Freedom from:
    - 10.2.3.1 Abuse.
    - 10.2.3.2 Financial or other exploitation.
    - 10.2.3.3 Retaliation.
    - 10.2.3.4 Humiliation.
    - 10.2.3.5 Neglect.
  - 10.2.4 Access to:
    - 10.2.4.1 Information pertinent to person served in a timely manner in order to facilitate their decision-making.
    - 10.2.4.2 Their record.
    - 10.2.4.3 Their treatment plan.
    - 10.2.4.4 Participate in developing their individualized treatment plan.
  - 10.2.5 Informed consent or refusal regarding:
    - 10.2.5.1 Service delivery
    - 10.2.5.2 Release of information
    - 10.2.5.3 Concurrent services
    - 10.2.5.4 Involvement in human subject research projects, if applicable.

10.2.6 Access or referral to:

10.2.6.1 Self-help support services

10.2.6.2 Advocacy support services

10.2.7 Adherence to human subject research guidelines and ethics when persons served are involved, if applicable.

10.2.8 Investigation and resolution of alleged infringement of rights.

10.2.9 Other legal rights.