1. **Ambulatory and Medical Detoxification** is listed under 4.c.1 in the criteria as being part of the crisis behavioral health services. Given that crisis services are required to be provided *directly* by the CCBHC (unless there is an existing state sanctioned, certified or licensed system or network for the provision of crisis behavioral health services that dictates otherwise), does this mean that ambulatory and medical detoxification have to be provided *directly* by the CCBHC?

**Clarification**

The revised ASAM criteria list five levels of Withdrawal Management for Adults. It is a requirement that the CCBHC will have the first four available and accessible levels as part of their crisis services. These services need to be readily available and accessible to the person experiencing a crisis at the time of the crisis. These four include:

- **1-WM** – Mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery. **The CCBHC must directly provide 1-WM.**

- **2-WM** – Moderate withdrawal with all day withdrawal management support and supervision; at night, has supportive family or living situation, likely to complete withdrawal management. **The CCBHC is encouraged to directly provide 2-WM.**
  
  While the CCBHC must have the 2-WM level of ambulatory withdrawal management available and accessible to eligible consumers, it is not a requirement that this service be provided directly, although it is encouraged.

- **3.2-WM** – Moderate withdrawal, but needs 24 hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery. **May be provided directly either by the CCBHC or through a DCO relationship.**

- **3.7-WM** - Severe withdrawal and needs 24 hour nursing care and physician visits as necessary; unlikely to complete withdrawal management without medical, nursing monitoring. **May be provided directly either by the CCBHC or through a DCO relationship.**

The link to ASAM is [http://www.asam.org/](http://www.asam.org/)

2. **Can states who are in the Demonstration certify additional clinics after the Demonstration period begins?**

**Clarification**

All states must submit a form in October 2016 as part of their application for the Demonstration that identifies the specific clinics in the state and validates that these specific clinics have been certified. Only those certified in the planning phase and submitted in the application for the demonstration are allowed to participate in the demonstration as an official CCBHC. These are the clinics that will be in the
demonstration, receive the PPS and be evaluated. The state can certify additional clinics after the demonstration begins, but these clinics will not be part of the demonstration and will not receive the PPS or be part of the evaluation.

3. Can I certify all the clinics in my state? If so, how would the state approach the comparison sites for the evaluation?

**Clarification**
Yes, states may certify all clinics within the state that meet the criteria. SAMHSA and their federal partners in CMS and ASPE are willing to work with any state that would like to do this. Technical assistance will be primarily provided through the Office of the Assistant Secretary for Planning and Evaluation (ASPE) to determine comparison sites.

4. Can people with Intellectual and Developmental Disabilities (IDD) be served in the CCBHC?

**Clarification**
Clinics can provide services to the IDD population but not as part of the CCBHC certified services and not included in the PPS. The CCBHCs are to provide behavioral health, not IDD, services. Individuals who have co-morbid BH/ID conditions would be eligible for the BH services that are provided if they meet the eligibility criteria.

5. Who can provide Medication Assisted Treatment (MAT) services and is there flexibility for the states? Is there an expectation MAT Services such as Methadone be provided by a CCBHC?

**Clarification**
The Criteria 4.f.2 Outpatient Mental Health and Substance Use Services states “Based upon the findings of the needs assessment as required in program requirement 1, states must establish a minimum set of evidence-based practices required of the CCBHCs.” Therefore, the state must determine what “minimum set” of evidenced based practices all CCBHCs in the state will provide directly in their outpatient treatment services. In addition, states have the flexibility to determine whether additional services beyond the “minimum set” should be offered. These may vary by CCBHC based on the needs of the consumers served. These additional evidence based practices can either be provided directly by the CCBHC or through a DCO arrangement.

MAT options are listed in the criteria as one of the services that states might consider both in the minimum set or as an additional service. If your needs assessment shows that a particular community has significant rates of opioid addition, the state should strongly consider adding MAT services in that CCBHCs continuum of services offered. If the community needs assessment results do not show a need for MAT, but the state wants to ensure this type of treatment is available to CCBHC clients the state can also add MAT to the continuum. MAT services can be provided directly by the CCBHC or through a DCO arrangement.
6. **What is the definition of rural?**

   **Clarification**
   
   The RFA for the Planning Grant left the definition of rural and urban to states to determine. Each state was asked to describe how they would certify clinics in both rural and urban areas. Some states used various definitions to distinguish between the two. States may use any of the federal definitions to distinguish the two. A useful guide can be found at [https://ric.nal.usda.gov/what-rural](https://ric.nal.usda.gov/what-rural)

7. **What is the requirement for evening and weekend hours? What is the minimum expectation for evening and weekend coverage? Is it for all services or just some? Is some, which ones?**

   **Clarification**
   
   The criteria are clear in section 2.a.2 that evening and weekend hours are required. The criteria state “The CCBHC provides outpatient clinical services during times that ensure accessibility and meet the needs of the consumer population to be served, including some nights and weekend hours.” The determination of which evening and weekend hours should be offered is based on the needs of the consumers and this should be determined from the needs assessment. What services are provided, by what staff and for what hours should all be determined from the needs assessment.

   It should be noted that how the questions are asked about evening and weekend hours in the needs assessment will be important. States may want to consider open ended questions such as “in order to best meet your needs, what services do you want/choose to assist in your recovery and what times and days would work best for you?” The states are encouraged to give people the option of specifying evening and weekend hours. Also, a state may want to ask “What barriers do you have in accessing our services and the day/time most convenient for you?” States are encouraged to include transportation needs.

8. **What level of credentials do you expect the person to have who is conducting the screening process used to determine the level of care that is needed? Does this need to be done by a licensed person? Can the screening be done by a QMHP or other with the assessment done by a licensed person? Again this is a workforce challenge for us with a lack of licensed staff working and/or available to the CCBHCs in this state.**

   **Clarification**
   
   The states have flexibility determining the credentials of the staff providing each service. Decisions should be based on the needs of the consumers and best clinical practice.

9. **If the CCBHC cannot appropriately staff the hours needed and/or the services needed due to lack of credentialed staff, I am assuming this might mean they will not be able to be credentialed. Is this a correct assumption?**

   **Clarification**
   
   If the CCBHC is not able to develop a staffing pattern to provide the needed services during hours that have been determined in the needs assessment and/or offer evidenced based practices based on the results of the needs assessment, the CCBHC would not meet
the criteria in these areas. Under these circumstances, it will be up to the state to determine when or if at all, the CCBHC meets their expected level of certification. States will be able to provide justification in their application for not meeting certain criteria for their CCBHCs. Further details will be provided in the Guidance to Planning Grant States to Apply to Participate in the Section 223 CCBHC Demonstration Program.

10. What is the best way to deal with workforce issues?
   Clarification
   The CCBHC must develop a staffing plan that meets the requirements of the state behavioral health authority and any accreditations standards required by the state. The staffing plan is also informed by the needs assessment and includes clinical and peer staff. 1.b.2 in the criteria state that it is recognized that there are professional shortages for many behavioral health providers and therefore, some services many be provided by contract or part-time or as needed, providers may be shared between clinics and CCBHC may utilize telehealth/telemedicine and online services to alleviate shortages. Please read the full criteria for additional information.

11. Technical assistance is needed on the needs assessment. Does SAMHSA currently have any guidance regarding needs assessments?

12. Does a needs assessment conducted in 2013 meet the requirement, or does the state have to conduct a new one specifically for this project.
   Clarification
   A 2013 needs assessment would meet the requirement if the state updates it to reflect any significant changes in the community and it meets the basic requirements in the criteria to assess cultural, linguistic and treatment needs, as well as the needs of the target consumer population to be served at the CCBHC.

13. The criteria state - “The CCBHC must have staff, either employed or available through formal arrangements, who are credentialed substance abuse specialists.” What is meant by “formal arrangements”?
   Clarification
   This means that the CCBHC has the flexibility to enter into a “formal arrangement” such as a contract, with credentialed substance abuse specialists to provide services within the management structure and under the direct supervision of the CCBHC.
14. A few of our providers have approached me and stated that during the National Councils webinar with providers from the planning grant states SAMHSA said that a mental health provider can contract the outpatient A&D services to an A&D provider and that this would not be considered a DCO relationship. Can a mental health clinic contract with an A&D clinic to provide the A&D outpatient services?

**Clarification**
The CCBHC must directly provide a “minimum set” of substance abuse outpatient treatment services. This minimum set will be determined through the needs assessment. This minimum set of outpatient services cannot be provided by a DCO. Therefore, the state must determine what “minimum set” of evidenced based outpatient treatment practices all CCBHCs in the state will provide directly in their outpatient services. In addition, states have the flexibility to determine whether additional services beyond the “minimum set” should be offered. These may vary by CCBHC based on the needs of the consumers served. These additional evidence based practices can either be provided directly by the CCBHC or through a DCO arrangement.

The CCBHC can enter into a “formal arrangement” with credentialed substance abuse specialists to provide outpatient services within the CCBHC. When the term “directly provides” is used in the criteria it means employees or contract employees deliver the service within the management structure and under the direct supervision of the CCBHC.

15. How will SAMHSA post information or responses to questions? (CMS referred to their landing page as place to find FAQ’s)

**Clarification**
SAMHSA will post responses to questions such as these on the “Criteria and Clarifications” page found at [http://www.samhsa.gov/section-223](http://www.samhsa.gov/section-223)

16. What will be allowed as an Evidence Based Practice (EBP)?

**Clarification**
The criteria list multiple examples of evidence based practices. In addition, each state proposed a number of evidence based practices in their planning grant applications. States must establish a minimum set of EBPs to be used in every CCBHC within the state. Some communities may require EBPs that have been adapted to best meet the populations that CCBHCs serve. Applications to participate in the Demonstration Program will be evaluated on your “description and justification of the evidence based practices that the state has required.”

17. What is a severe substance abuse disorder (that is what the RFA defines as a target group)?

**Clarification**
Please see [http://www.samhsa.gov/disorders/substance-use](http://www.samhsa.gov/disorders/substance-use). The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), no longer uses the terms substance abuse and substance dependence, rather it refers to substance use disorders, which are defined as mild, moderate, or severe to indicate the level of severity, which is determined by the number of diagnostic criteria met by an individual.
18. What constitute a state-sanctioned crisis service system?

**Clarification**
CCBHCs are required to directly provide crisis behavioral health services unless there is a state sanctioned, certified or licensed system or network for the provision of crisis behavioral health services that dictates otherwise. The state will determine whether any of the crisis services in the areas served by the CCBHCs meet these criteria and will detail this in their application to be part of the Demonstration.

19. What is meant by a Care Coordination Partner?

**Clarification**
Care Coordination Partners coordinate care across settings and providers to ensure seamless transitions for patients across the full spectrum of health services, including acute, chronic, and behavioral health needs. *(See Authority: Section 223 (a)(2)(C) of PAMA)*

20. Are there specific treatment services that have to be delivered in outpatient mental health and substance use services?

**Clarification**
The states have flexibility to determine what they consider the standard outpatient services. Frequently outpatient treatment services include group and individual therapy, medication evaluation and management, addiction technologies, etc. For additional information on clarification around outpatient services see #14.

21. When will the Demonstration Grant Guidance be published?

**Clarification**
SAMHSA is anticipating a January 2016 release date.

22. Can organizations partner together to form a CCBHC? If so, how should it be done? How to form the CCBHCs in a system where all the providers aren’t under the same structure in the state?

**Clarification**
Organizations can partner to form a CCBHC however, all services required to be provided directly by the CCBHC must have employees or contract staff that deliver the service within the management structure and under the direct supervision of the CCBHC. Given the nuances for each state (partner relationships, and the need for clinical authority and adhering to the statute), discussions will be held off line with states seeking clarification on this subject. Send a request to Cindy Kemp or Cathy Crowley to set up a time to discuss questions related to this topic.

23. Can the state use its current certification process for clinics and just add the criteria specific to the CCBHC certification process?

**Clarification**
The CCBHC certification process must validate that all the criteria were reviewed and met. There is no required format that a state must use.
24. Is there a requirement on the amount of time to be taken to conduct a certification site visit?
   **Clarification**
   The requirement is that the state confirms all sites have met relevant certification criteria—how this is done and how long it takes is left up to the state.

25. Do the sites need to meet 100% of the criteria? If not, do they need to be placed on a corrective action plan?
   **Clarification**
   It is expected that all clinics will meet the requirements listed in the criteria, however, it is acknowledged that not all clinics will meet 100% of the criteria all the time. It is expected that all significant areas of the criteria will be met to be considered certified. The intent is to elevate service delivery in the field and for states to work with these clinics to meet the criteria. It is currently the state’s responsibility to track and monitor a CCBHC’s compliance with the criteria and develop a process to ensure the criteria are met. The expectation is that the states will work closely with clinics to identify challenge areas and assist with process improvement in order to fully meet the criteria. Further information will be provided in January in the Application Guidance to apply for the Demonstration program. You may also want to consult the certification guide [http://www.samhsa.gov/section-223/certification-resource-guides/state-certification-guide](http://www.samhsa.gov/section-223/certification-resource-guides/state-certification-guide)