

Terms and Conditions (Additional Materials)

Note: Materials submitted in non-PDF formats are not included in this consolidated PDF document. Non-PDF files can be reviewed by opening them individually from the View Terms Tracking Details page.

Core Grant Number: H79SM086934

Award Number: 1H79SM086934-01

PD/PI Name: Arthur Fuller

Budget Period: 09/30/2022 - 09/29/2023

Project Period: 09/30/2022 - 09/29/2026

Grant Program (PCC): CCBHC-IA

Org Name: HAMILTON CENTER, INC.

Term Name: CCBHC Criteria Condition

Term Due Date: 11/30/2022

Term Budget Period: 1

Task Description: CCBHC Criteria Condition

Project Title: Hamilton Center, Inc. - CCBHC - Vigo County, Indiana

RAM Created:11/10/2022 (ID:529881)

File Name	Date Uploaded	Uploaded By
CCBHC Attestation Acceptance - 11082022.1.pdf	11/10/2022	Fuller, Arthur Lee

Comments

Hello Dr. Disola,

Attached is a copy of our attestation approved by our GPO from the Previous SAMHSA grant #H79SM083212 - Grant Number 1H79SM083212-01.

This attestation was accepted on Monday, April 19, 2021 by Ogechi Jubrila our GPO.

Please advise if any additional information is needed.

With Much Appreciation,

Art

From: OGECHI.JUBRILA@SAMHSA.HHS.GOV <OGECHI.JUBRILA@SAMHSA.HHS.GOV>

Sent: Monday, April 19, 2021 12:50 PM

To: ART FULLER <AFULLER@HamiltonCenter.org>; MELVIN BURKS <MBURKS@HamiltonCenter.org>

Cc: TRAVIS COFFMAN <TCOFFMAN@HamiltonCenter.org>; MARK COLLINS

<MCOLLINS@HamiltonCenter.org>; DONALD B. LOUGH <DLOUGH@HamiltonCenter.org>;

eracorrespondence@od.nih.gov

Subject: H79SM083212: RE: Grant Number: 1H79SM083212-01 - Attestation for Meeting the Appendix M: CCBHC Criteria Compliance Checklist

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Dear Grantee,

I have completed the review of your attestation of meeting the CCBHC certification criteria referenced in the FOA

(https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf) and find that it sufficiently describes how your program meets these criteria. I will upload the attached submission into your eRA grant file.

V/r,

LCDR Jubrila

[[Correspondence Token: 6fc4d72c-bb64-4047-a4cd-c851cf043935]] -- Do not delete or change this line.

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August 27, 2020

Ogechi Jubrila, PharmD
Public Health Advisor
Government Program Officer

Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857

Grant Number: 1H79SM083212-01

FAIN: H79SM083212

Project Title: Hamilton Center, Inc. – CCBHC – Vigo County, Indiana
Organization Name: Hamilton Center, Inc.

Business Official: Melvin L. Burks

Dear Ms. Ogechi Jubrila:

Please find enclosed the attestation that Hamilton Center, Inc. meets the eligibility requirement criteria to establish a Certified Community Behavioral Health Clinic, outlined in Appendix M of the FY 2020 Certified Community Behavioral Health Clinic Expansion Grants.

We have enclosed the Appendix M criteria compliance checklist, with annotations, and supporting documentation that can be accessed at: <https://tinyurl.com/y3uzjlxl>.

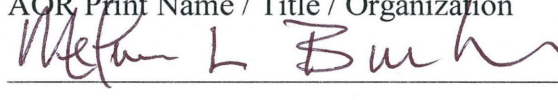
This link provides access to over 500 documentation files, in support of each Appendix M line item. Our team has spent the last 30 days carefully reviewing and performing a crosswalk of the Appendix M criteria vs. the National Demonstration Program requirements.

We welcome the opportunity to provide any additional information in support of our attestation.

Sincerely,

Melvin L. Burks, CEO, Hamilton Center, Inc.

AOR, Print Name / Title / Organization

 8/27/20

AOR Signature / Date



Appendix M – CCBHC Criteria Compliance Checklist Key for Hamilton Center, Inc.

Our team has performed a line-by-line analysis of Appendix M (enclosed).

The supporting documentation is organized such that every line includes an annotation and reference to supporting files, which can be accessed using the shared filed link: <https://tinyurl.com/y3uzjlxl>. There are two agreements pending, notated within the document (3.C.7 & 4.C.1-.2). These are in the final stages of receiving official signatures.

The table, which follows, provides the numbering format our team used to perform our line-by-line analysis and justification.

Appendix M	Hamilton Center, Inc. – Reference Numbering
1.a.1 – Needs Assessment and Staffing Plan	1.A1 (.1 - .7) - Needs Assessment and Staffing Plan
1.a.2 – Staff	1.A2 (.1 - .2) – Staff
1.a.3 – Management Staff	1.A3 (.1 - .3) – Management Staffing
1.a.4 – Liability / Malpractice Insurance	1.A4 (.1) – Liability / Malpractice Insurance
1.b.1 – Appropriate Licensure and Scope of Practice	1.B1 (.1 - .3) – Appropriate Licensure and Scope of Practice
1.b.2 – Required Staffing	1.B2 (.1 - .6) – Required Staffing
1.c.1 – Training Plans	1.C1 (.1 - .5) – Training Plans
1.c.2 – 1.c.4 – Skills and Competence	1.C2 (.1 - .5) – Skills and Competence
1.d.1 – 1.d.4 – Meaningful Access	1.D1 (.1 - .6) – Meaningful Access
1.d.5 – Meaningful Access and Privacy	1.D2 (.1 - .3) – Meaningful Access and Privacy
2.a.1 – 2.a.8 – Access and Availability Generally	2.A (.1 - .10) – Access and Availability Generally
2.b.1 – Timing of Screening, Evaluation and Provision of Services to New CCBHC Consumers	2.B1 (.1 - .7) – Timing of Screening, Evaluation and Provision of Services to New CCBHC Consumers.
2.b.2 – Updating Comprehensive Person-Centered and Family-Centered Diagnostic and Treatment Planning Evaluation	2.B2 (.1 - .2) – Updating Comprehensive Person-Centered and Family Centered Diagnostic and Treatment Planning Evaluation.
2.b.3 – Timing of Services for Established Consumers	2.B3 (.1 - .2) – Timing of Services for Established Consumers
2.C – Access to Crisis Management Services	2.C (.1 - .4) – Access to Crisis Management Services
2.D – No Refusal of Services Due to Inability to Pay	2.D (.1 - .2) – No Refusal of Services Due to Inability to Pay
2.E – Provision of Services Regardless of Residence	2.E (.1 - .3) – Provision of Services Regardless of Residence
3.A – General Requirements of Care Coordination	3.A (.1 - .5) – General Requirements of Care Coordination
3.B – Care Coordination and Other Health Information Systems	3.B (.1 - .4) – Care Coordination and Other Health Information Systems
3.C – Care Coordination Agreements	3.C (.1 - .13) – Care Coordination Agreements
3.D – Treatment Team, Treatment Planning and Care Coordination Activities	3.D (.1 - .6) -Treatment Team, Treatment Planning and Care Coordination Activities
4.A – General Service Provisions	4.A (.1 - .7) – General Service Provisions



4.B - Person Centered and Family-Centered Care	4.B (.1 - .3) – Person-Centered and Family Centered Care
4.C – Crisis Behavioral Health Services	4.C (.1 - .2) – Crisis Behavioral Health Services
4.D – Behavioral Health Screening, Assessment, and Diagnosis	4.D (.1 - .12) – Behavioral Health Screening, Assessment, and Diagnosis
4.E – Person-Centered and Family-Centered Treatment Planning	4.E (.1 - .5) – Person-Centered and Family-Centered Treatment Planning
4.F – Outpatient Mental Health and Substance Use Services	4.F (.1 - .9) – Outpatient Mental Health and Substance Use Services
4.G – Outpatient Clinic Primary Care Screening and Monitoring	4.G (.1 - .3) – Outpatient Clinic Primary Care Screening and Monitoring
4.H – Targeted Case Management Services	4.H (.1 - .2) – Targeted Case Management Services
4.I - Psychiatric Rehabilitation Services	4.I (.1) – Psychiatric Rehabilitation Services
4.J - Peer Supports, Peer Counseling and Family / Caregiver Supports	4.J (.1) – Peer Supports, Peer Counseling and Family / Caregiver Supports
4.K – Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans	4.K (.1 - .10) - Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans
5.A – Data Collection, Reporting, and Tracking	5.A (.1 - .2) – Data Collection, Reporting, and Tracking
5.B – Continuous Quality Improvement (CQI) Plan	5.B (.1 - .2) – Continuous Quality Improvement (CQI) Plan
6.A – General Requirements of Organizational Authority and Finances	6.A (.1 - .3) – General Requirements of Organizational Authority and Finances
6.B – Governance	6.B (.1 - .1ac) - Governance