



CABINET FOR HEALTH
AND FAMILY SERVICES

Certified Community Behavioral Health Clinics

Program Requirement 3: Care Coordination

Designated Collaborative Agreements (DCO) Expectations

Presented by  MYERS AND STAUFFER^{LLC}

Documentation Sources

The following slides include the most recently published information provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) at the time of this presentation.

Certified Community Behavioral Health Clinic (CCBHC) Certification Criteria – Updated March 2023:

<https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf>

SAMHSA State Questions and Clarifications:

https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-state-questions-clarifications.pdf

Designated Collaborative Agreements (DCO) Expectations Slides

National Council for Mental Wellbeing. (2021, December 13). *CCBHC expansion grantee edition*. [CCBHC Contracting and Partnerships Toolkit for CCBHC Expansion Grantees](#)

NORC at the University of Chicago. *CMS CCBHC Prospective Payment System (PPS) Technical Assistance (TA) Session, Special Crisis Services and DCOs*. February 2024, Zoom Meeting. PowerPoint Presentation.

Disclaimer

- Clinics applying for certification as a Kentucky CCBHC must be knowledgeable of and compliant with SAMHSA CCBHC criteria. The following training information contains an overview of state expectations related to specific SAMHSA CCBHC criteria.
- Please note, the following slides contain a summary of the SAMHSA 2023 CCBHC criteria. Clinic should refer to the most recent CCBHC criteria for the most up to date information from SAMHSA.



Training Objective

To ensure CCBHC providers have a strong understanding of Program Requirement 3: Care Coordination and Designated Collaborating Organization (DCO) agreements.



CABINET FOR HEALTH
AND FAMILY SERVICES

Program Requirement 3: Care Coordination

3.A General Requirements of Care Coordination

The CCBHC **coordinates care across the spectrum of health services**, including access to high-quality physical health and behavioral health care, as well as social services, housing, educational systems, and employment opportunities, as necessary.

The CCBHC also **coordinates with other systems** to meet the needs of the people they serve, including criminal and juvenile justice and child welfare.



Care Coordination

3.A General Requirements of Care Coordination

The CCBHC maintains the necessary documentation to satisfy the requirements of Health Insurance Portability and Accountability Act (HIPAA) (Pub. L. No. 104-191, 110 Stat. 1936 (1996)), 42 CFR Part 2, and other federal and state privacy laws, including patient privacy requirements specific to the care of minors.

To promote coordination of care, the CCBHC will obtain the **necessary consents for sharing information** with community partners where information is not shared under HIPAA and other federal and state laws and regulations. If the CCBHC is unable, after reasonable attempts, to obtain consent for any care coordination activity specified in program requirement 3, such attempts must be documented and revisited periodically.

***Note:** CCBHCs are encouraged to explore options for electronic documentation of consent where feasible and responsive to the needs and capabilities of the person receiving services. See standards within the Interoperability Standards Advisory*

3.A General Requirements of Care Coordination

- The CCBHC assists **people receiving services** and the **families of children and youth referred to external providers or resources** in obtaining an appointment and tracking participation in services to ensure receipt of supports.
- The CCBHC **develops a crisis plan with each person receiving services** to identify the preferences of individuals in the event of psychiatric or substance use crisis. People should be **counseled** about the use of the:
 - National Suicide and Crisis Lifeline
 - Local Hotlines
 - Warmlines
 - Mobile Crisis, and
 - Stabilization Services

Crisis plans may support the development of a Psychiatric Advanced Directive, if desired by the person receiving services.





3.A General Requirements of Care Coordination

- Appropriate care coordination requires the CCBHC to make and document reasonable attempts to determine any **medications prescribed by other providers**. To the extent that state laws allow, the state Prescription Drug Monitoring Program (PDMP) must be consulted before prescribing medication. The PDMP should also be consulted during the comprehensive evaluation.
- Nothing about a CCBHC's agreements for care coordination should limit the freedom of a person receiving services to **choose their provider** within the CCBHC, with its Designated Collaborating Organization (DCO), or with any other provider.
- The CCBHC assists people receiving services and families to **access benefits**, including Medicaid, and enroll in programs or supports that may benefit them.

3.B Care Coordination and Other Health Information Systems

- The CCBHC establishes or maintains a health **information technology (IT) system** that includes, but is not limited to, **electronic health records**.
- The CCBHC ensures appropriate protections are in place with the use of a secure health IT system(s) and any related technology tool(s) to conduct
 - Population Health Management
 - Quality Improvement
 - Quality Measurement and Reporting
 - Reducing Disparities
 - Outreach
 - Research



When a CCBHCs use federal funding to acquire, upgrade, or implement their technology they should use a nationally recognized system (Health and Human Services adopted standards) for health information exchange. To include using common terminology mapped to standards (race, ethnicity, or other demographic information). CCBHCs are encouraged to explore ways to support alignment with standards across data-driven activities.

3.B Care Coordination and Other Health Information Systems

The CCBHC uses certified technology under the ONC Health IT Certification Program for the required core set of certified health IT capabilities:

- Capture health information, including demographic information such as race, ethnicity, preferred language, sexual and gender identity, and disability status.
- Support care coordination by sending and receiving summary of care records.
- Provide people receiving services with electronic access to view, download, or transmit their health information.
- Provide evidence-based clinical decision support.
- Conduct electronic prescribing.



**Office of the National Coordinator
for Health Information Technology**

Note: CCBHCs are not required to have all these capabilities in place when certified or when submitting their attestation but should plan to adopt and use technologies meeting these requirements, over time. CCBHCs can adopt either a single system or a combination of tools that provide certified capabilities. CCBHC participating in the Promoting Interoperability Performance Category of the Quality Payment Program already have health IT systems that successfully meet all the core certified health IT capabilities.

3.B Care Coordination and Other Health Information Systems

- If in a DCO agreement, the CCBHC will collaborate with DCO to ensure all steps are taken to obtain consent for people receiving services and to comply with the privacy and confidentiality requirements to include HIPAA (Pub. L. No. 104-191, 110 Stat. 1936 (1996)), 42 CFR Part 2, and other federal and state laws, including patient privacy requirements specific to the care of minors.
- If in a DCO agreement, the CCBHC and DCO will **develop** and **implement a plan** to improve care coordination with health IT systems within **two-years** of agreement. The plan should include at a minimum:
 - How the CCBHC will support electronic health information exchange to **improve care transition** to and from the CCBHC through the health IT system in place.
 - How **integrated evaluation planning, treatment, and care coordination** will be conducted between the CCBHC and the DCO. This will include clinically relevant treatment records generated by the DCO for people receiving CCBHC services and incorporate them into the CCBHC health record.
 - How the DCO will collect and transmit any data related to the required quality measures to the CCBHC.
 - All **clinically relevant treatment records** maintained by the CCBHC are available to DCOs within the confines of federal and/or state laws governing sharing of health records.

3.C Care Coordination Partnerships

The CCBHC has a partnership establishing care coordination expectations with Federally Qualified Health Centers (FQHCs) (and, as applicable, Rural Health Clinics (RHCs)) to provide health care services, to the extent the services are not provided directly through the CCBHC.

For people receiving services **who are served by other primary care providers, including but not limited to FQHC Look-Alikes and Community Health Centers**, the CCBHC has established protocols to ensure adequate care coordination.

***Note:** All partnerships should be supported by a **signed, formal agreement** detailing the roles of each party. The CCBHC will develop written protocols to support coordinate care and efforts expand the partnerships. All partnership activities should be documented to support partnerships independent of any staff turnover.*



**COORDINATION
OF CARE**

3.C Care Coordination Partnerships

- The CCBHC has partnerships establishing **care coordination expectations** with programs providing inpatient psychiatric treatment, OTP services, medical withdrawal management facilities and ambulatory medical withdrawal management providers for substance use disorders, and residential substance use disorder treatment programs. Including tribally operated mental health and substance use services and crisis services in the service area.
- The clinic tracks when people receiving CCBHC services are **admitted** to facilities and **discharged**, unless there is a **formal transfer of care** to a non-CCBHC entity.
- The CCBHC has established **protocols and procedures** for **transitioning individuals** from EDs, inpatient psychiatric programs, medically monitored withdrawal management services, and residential or inpatient facilities that serve children and youth such as Psychiatric Residential Treatment Facilities and other residential treatment facilities, to a safe community setting.
- This includes **transfer of** health records of services received (e.g., prescriptions), active follow-up after discharge, and, as appropriate, a plan for suicide prevention and safety, overdose prevention, and provision for peer services.

Note: All partnerships should be supported by a **signed, formal agreement** detailing the roles of each party. The CCBHC will develop **written protocols** to support **coordinate care** and efforts expand the partnerships. All partnership activities should be documented to support partnerships independent of any staff turnover. 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.

3.C Care Coordination Partnerships

The CCBHC has **partnerships** establishing care coordination expectations with a **variety** of community or regional services, supports, and providers. Partnerships support joint planning for care and services, provide opportunities to identify individuals in need of services, enable the CCBHC to provide services in community settings, enable the CCBHC to provide support and consultation with a community partner, and support CCBHC outreach and engagement efforts.

CCBHCs are **required** by CCBHC criteria to **develop partnerships** with the following organizations that operate within the service area:

Child welfare agencies	Other social and human services
Indian Health Service youth regional treatment centers	Schools
Juvenile and criminal justice agencies and facilities	State licensed and nationally accredited child placing agencies for therapeutic foster care service

Continued on next slide

3.C Care Coordination Partnerships

CCBHCs may develop partnerships based on the population served, the needs and preferences of people receiving services, and/or needs identified in the CNA.

Some examples include, but not limited to:

Aging and Disability Resource Centers	Other social and human services
Coordinated Specialty Care programs for first episode psychosis	Peer-operated programs
Criminal and juvenile justice	Programs and services for families with young children
Employment services systems	Services for older adults, such as Area Agencies on Aging
Homeless shelters	Specialty providers
Housing agencies	State and local health departments and behavioral health and developmental disabilities agencies
Indian Health Service or other tribal programs	Substance use prevention and harm reduction programs
Legal aid	SUD Recovery/Transitional housing
Immigrant and refugee services	Suicide and crisis hotlines and warmlines

3.C Care Coordination Partnerships

- The CCBHC has partnerships with the nearest **Department of Veterans Affairs'** medical center, independent clinic, drop-in center, or other facility of the Department. To the extent multiple Department facilities of different types are located nearby, the CCBHC should work to establish care coordination agreements with facilities of each type.

***Note:** All partnerships should be supported by a signed, formal agreement detailing the roles of each party. The CCBHC will develop written protocols to support coordinated care efforts and to deepen the partnership. All partnership activities should be documented to support partnerships independent of any staff turnover. 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.*

- The CCBHC has care coordination partnerships establishing expectations with **inpatient acute-care hospitals** in the area served by the CCBHC and their associated services/facilities including
 - Emergency Departments
 - Hospital Outpatient Clinics
 - Urgent Care Centers, and
 - Residential Crisis Settings

This includes procedures and services to help individuals successfully transition from ED or hospital to CCBHC and community care to ensure continuity of services and to minimize the time between discharge and follow up. The CCBHC will make and document reasonable attempts to contact all people receiving CCBHC services who are discharged from these settings within 24 hours of discharge.



3.D Care Treatment Team, Treatment Planning, and Care Coordination Activities

- The CCBHC includes the person receiving services and their family/caregivers, to the extent the person receiving services wants their involvement, and any other people the person receiving services wants to be involved, in their care. All treatment planning and care coordination activities are **person- and family-centered** and align with the requirements of Section 2402(a) of the Affordable Care Act and HIPAA.
- The CCBHC designates an **interdisciplinary team** responsible for directing, coordinating, and managing care and services. This team works together to coordinate medical, psychiatric, psychosocial, emotional, therapeutic, and recovery needs of the person receiving services. To include approaches to care for people receiving services who are American Indian or Alaska Native or from other cultural and ethnic groups.
- The CCBHC coordinates care and services provided by DCOs in accordance with the **current treatment plan**.

Things to Consider:

- Does your agency offer OTP services and/or medical withdrawal management services, or do you have an established community partner you refer to?
- Does your agency utilize health information technology (HIT) in care coordination activities? Referrals? Prescriptions? Transfer records?
- Does your agency provide specific training to staff in the delivery of behavioral health services to the intellectually and/or developmentally disabled population(s)? TBI/ABI?
- Does your agency encountered any barriers in establishing any of these required care coordination partnerships?
 - Schools
 - Child welfare agencies
 - Juvenile and criminal justice agencies and facilities (including drug, mental health, veterans, and other specialty courts).
 - Indian Health Service youth regional treatment centers.
 - State-licensed and nationally accredited child placing agencies for therapeutic foster care service.
 - Other social and human services.



CABINET FOR HEALTH
AND FAMILY SERVICES



Designated Collaborative Agreements (DCO) Expectations

CCBHC Formal Relationship with a DCO

- The CCBHC is responsible for ensuring access to all care specified in Protecting Access to Medicare Act (PAMA). This includes 9 CCBHC required services as outlined in criteria.
- As supported by the **community needs assessment**, a DCO can be used to deliver one or more required services.
- The CCBHC must provide the **majority (51% or more) of service encounters** across the required services annually (excluding Crisis Services).
- The CCBHC ensures all CCBHC services, if not available directly through the CCBHC, are provided through a DCO, consistent with the **freedom of the person receiving services** to choose providers within the CCBHC and its DCOs.



CCBHC Formal Relationship with a DCO



CCBHC services provided through a DCO agreement must be delivered in a manner that **meets the standards** set in the CCBHC certification criteria.



It is the CCBHC's responsibility to monitor and ensure that any DCO services provided meet the standards set in the **CCBHC certification criteria**.



Frontier or designated rural sites can **enter** into a DCO agreement with other CCBHC providers or non-CCBHC providers in the demonstration for the purpose of meeting the criteria



CCBHC should have a **formal plan** to collect **clinic-reported quality measures data** from all DCOs and to incorporate this data into annual metric reporting.

DCO Agreement Requirements

- Includes provisions that assure that the required CCBHC services that the DCO provides under the CCBHC umbrella are delivered in a manner that meets the standards set in the CCBHC certification criteria.
- Supported by a contract, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), or such other formal, legal arrangements, including:
 - Describe the parties' mutual expectations.
 - Establish accountability for services to be provided and funding to be sought and used.
 - Reevaluate yearly or at recertification, or as circumstances change at a CCBHC.



DCO Scope of Service

- Engaged through a **formal relationship**.
- CCBHCs **must provide** information of the current CCBHC versus DCO service distribution when requesting the addition of a new DCO provider.
- Payment for DCO services is **included** within the scope of the CCBHC PPS, and DCO encounters will be treated as CCBHC encounters for purposes of the PPS.

DCO Scope of Service

- The CCBHC will ensure persons receiving services and their family members through all DCO agreements will be part of a coordinated package with other CCBHC services and not just accessing services through another provider.
- DCO agreements will not be considered a care coordination or partner referral but rather a relationship with regular and intense collaboration across all organizations taking place with other types of care coordination partners.
- The CCBHC will ensure all DCO agreements will include steps to reduce administrative burden on people receiving services and their family members, to include:
 - Coordinate intake process.
 - Coordinate treatment planning.
 - Share patient information.
 - Have direct communication between the CCBHC and DCO to prevent a person or their family receiving services from having to relay information between the CCBHC and DCO.
 - Work toward inclusion of additional integrated care elements (e.g., including DCO providers on CCBHC treatment teams, collocating services, etc.).

Key Difference: DCO vs Care Coordination Partnership (CCP)

	DCO	Care Coordination
Scope	A DCO provides one or more of the CCBHC services on behalf of the CCBHC. The CCBHC must directly provide 51% of all the CCBHC encounters.	Care coordination is regarded as an activity rather than a service. CCBHCs must maintain care coordination relationships with various entities and social service agencies. In general, the services provided by the care coordination partner do not fall within the scope of CCBHC services.
Type of Agreement	Structured as a MOA, MOU, or other formal, legal arrangement.	Structured as a referral agreement . If the partnering entity is unable to enter into a formal agreement, the CCBHC may work with the partner to develop unsigned joint protocols describing the procedures for working together and roles in care coordination.
Responsibility	DCO is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC to deliver one or more of the required services	CCBHC does not assume responsibility for services provided by the care coordination partner. The organizations maintain autonomous operations.
Billing Provider	DCO relationships are required to be structured as contractual purchases of services under which the CCBHC acts as the billing provider for CCBHC services furnished by DCO.	Each care coordination partner is the billing provider for the services that it furnishes.
Consideration	Depending on structure of DCO arrangement, CCBHC may compensate the DCO providing CCBHC services on the CCBHC's behalf.	No consideration (money or anything else of value) is exchanged between the CCBHC and the care coordination partner.

DCO Responsibility Matrix

Requirement	State	CCBHC	DCO
Contracting	Review contracts for reasonableness.	Contract for service delivery, payment rate, reporting requirements.	Contract for service delivery and payment rate.
Quality	Monitor established CCBHC quality standards.	Ensure the DCO meets quality standards and performs services to fidelity	Adhere to CCBHC quality and EBP guidelines.
Care Coordination	Monitor care coordination of CCBHC and DCOs to ensure compliance with the CCBHC/DCO agreement.	Coordinate patient care with DCO. Obtain patient consent for Health Insurance Portability and Accountability Act (HIPAA) requirements. Ensure patient access to CCBHC grievance procedures.	Coordinate patient care with CCBHC. Obtain patient consent for HIPAA requirements.
Program Integrity	Monitor for duplicate payment and rate reasonableness.	Ensure DCO licensure and credentialing are accurate and monitor for Fraud, Waste, and Abuse (FWA).	Maintain licensure and credentialing requirements and abide by terms of formal agreement, including requirements to deliver services in line with the criteria.
Reporting	Collect encounters and quality data.	Collect and coordinate encounter and quality data reporting.	Collect and report encounter and quality data.

Things to Consider:

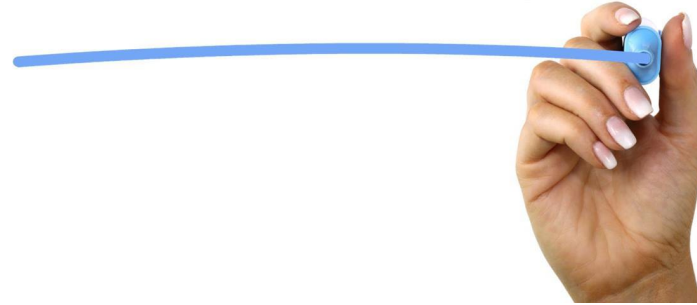
- Does your agency have a system in place to regularly track and monitor any DCO activities? The CCBHC is responsible for collecting data for clinic reported quality measures from the DCO and incorporate into CCBHC reporting.
- Do DCO agreements have provisions for ensuring that a DCO can effectively support the CCBHC's goal of providing comprehensive, accessible behavioral health services to the community?
- DCO agreements should include provisions that the DCO will provide services in a manner that meets the standards set in CCBHC certification criteria. Agreements should ensure and support intensive collaboration with any DCO and ensure seamless delivery of service to people served.
- The CCBHC should have polices in place to confirm and ensure that any DCO possesses the necessary clinical expertise and capacity to deliver high-quality services.
- Potential DCOs must be approved by KY DMS.

Additional Information

Kentucky DMS will be providing additional **technical assistance** to new CCBHC providers.

When your agency has completed all the **required trainings**, please fill out the attestation document (available on the CCBHC website) and email to ccbhc@ky.gov

QUESTIONS



For any additional questions, please contact:

CCBHC@ky.gov