

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Documenting Relationships Among CCBHC Entities

June 15, 2016



Welcome and Introduction

- **SAMHSA Welcome**
- **Introduction of speakers**
 - *Mary Fleming, SAMHSA*
 - *Susan Parker, Parker Dennison & Associates*
- **Questions**
 - *Chat box*
 - *Hold until close of presentation*
 - *Submit to State Coordination Planning Group*
223statecoordination@samhsa.hhs.gov

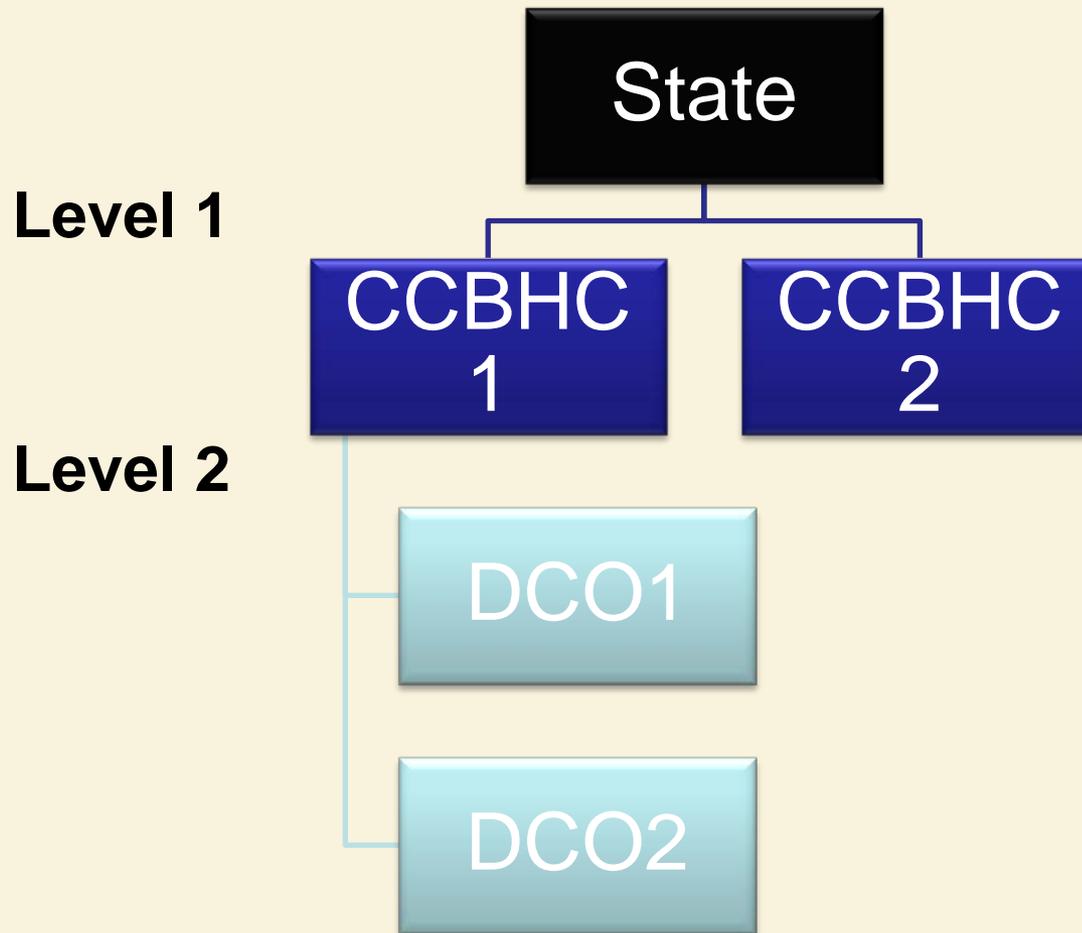
Objective

- **Understand CCBHC formal relationships at all levels**
- **Learn how to document terms with DCOs for integrated care**
- **Provide CCBHC case study to non-demonstration states as examples of contracting for integrated care**

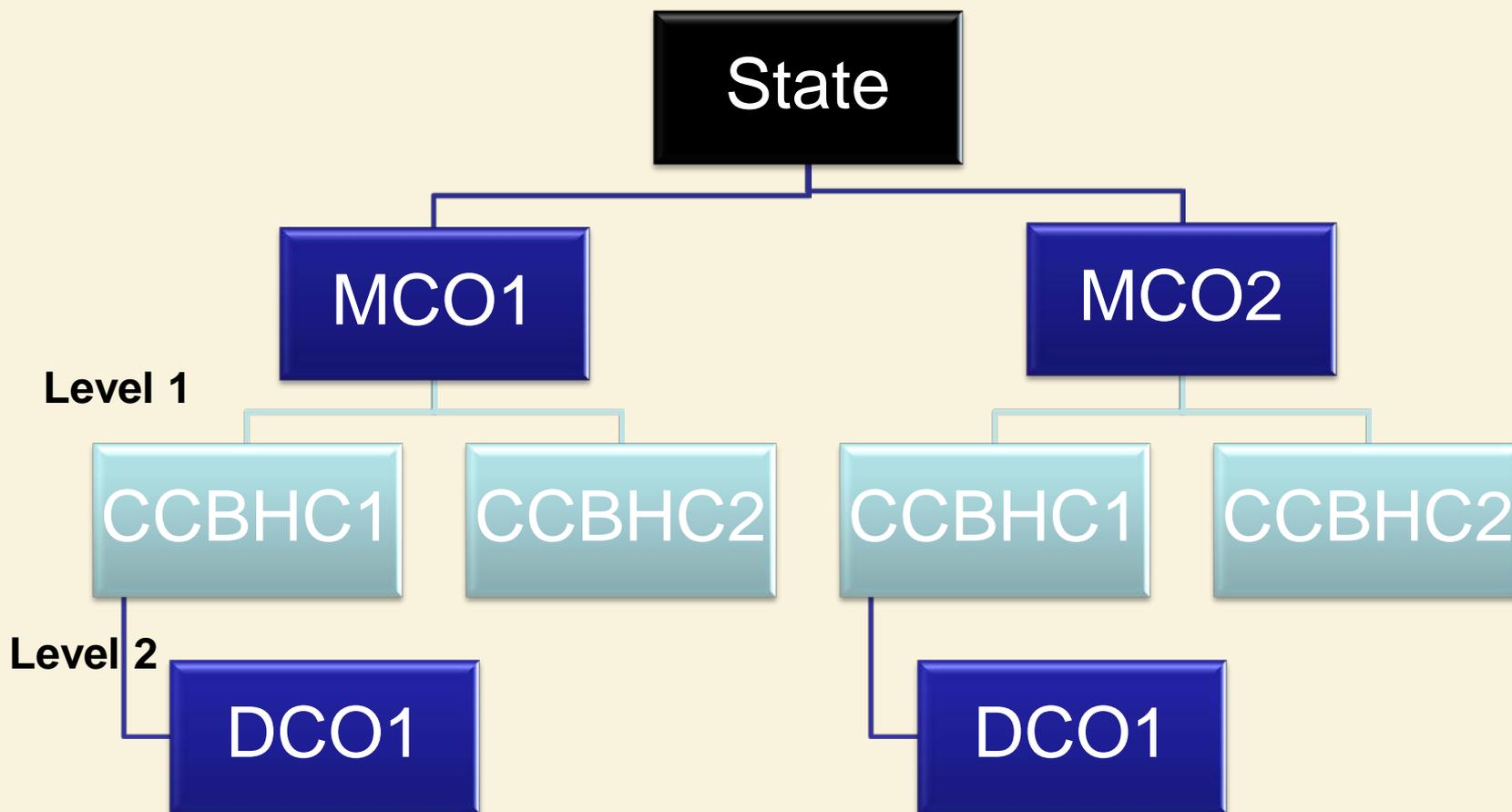
Entities with CCBHC Roles

- **State Agency (State)**
 - *Criteria for demonstration project*
 - *CMS Prospective Payment System Guidance*
 - *State's application*
- **CCBHC—Certified BH Clinic**
 - *Provider of record*
- **Designated Collaborating Organization (DCO)**
 - *“Formal relationship” with CCBHC*
 - **Contract, MOU, LOA, other**
 - *Delivers services under CCBHC requirements*
- **Managed Care Organizations (MCO)**
 - *Involved at state's option*
- **Refer to “contract” in balance of webinar as most common type of “formal relationship”**

CCBHC Entities and Relationships



CCBHC Entities and Relationships



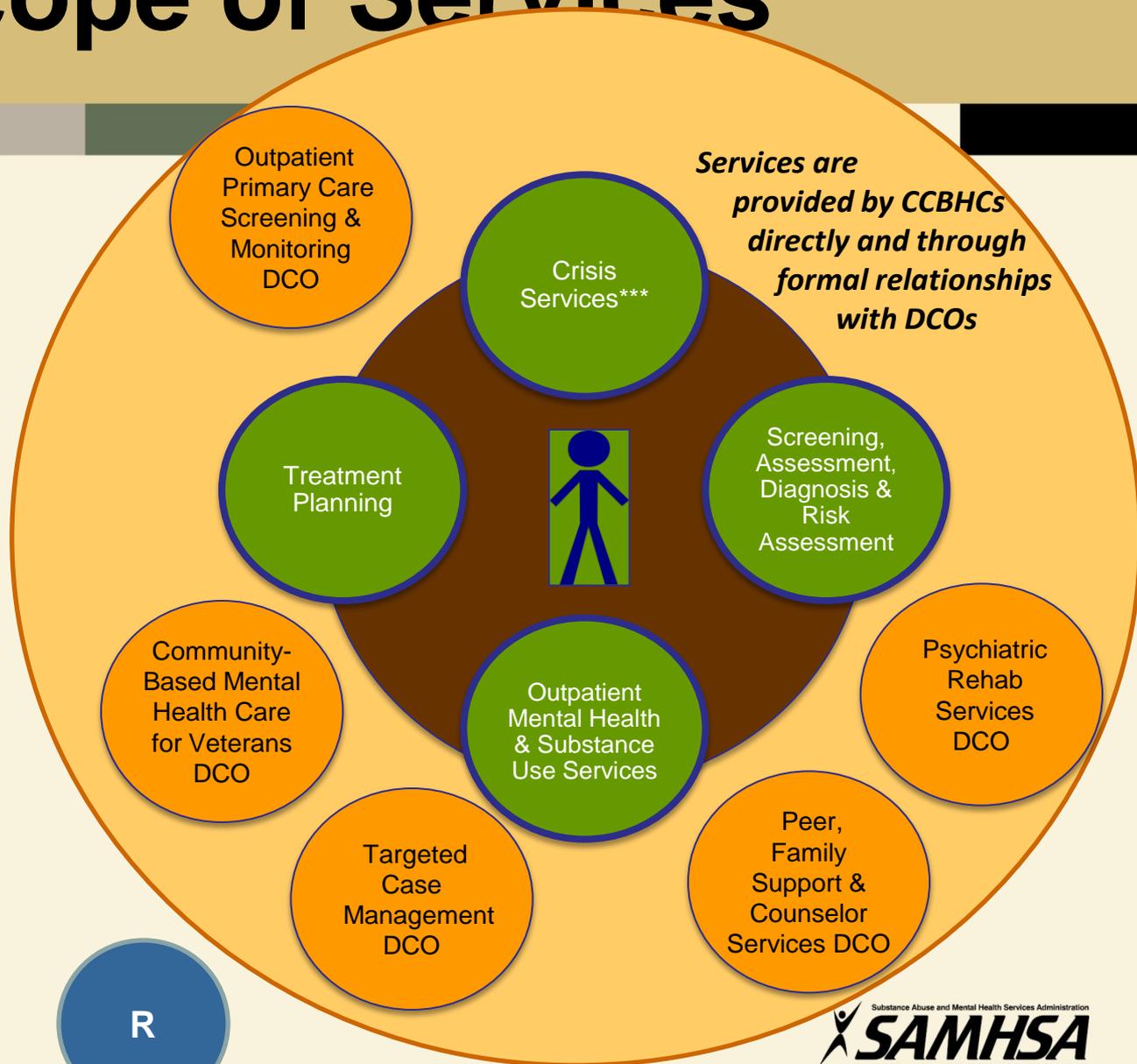
Scope of Services

CCBHCs directly provide services in green***

Additional required services are provided directly or through **formal relationships with Designated Collaborating Organizations (DCOs)**

Referrals (R) are to providers outside the CCBHC and DCOs

*** “unless there is an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services that dictates otherwise.”



Sources of Language

- **Build on existing materials**
 - *Analogous to structure of state contracts with MCO and providers*
 - *Provider regulations, licensing/certification requirements, policy manuals, MCO provider manual, etc.*
- **Sources for CCBHC requirements**
 - *Provider licensing and professional scope of practice regulations*
 - *DHHS SAMHSA Certification Criteria for CCBHCs*
 - *CMS Prospective Payment (PPS) Guidance*
 - *State application for demonstration project*
 - *CCBHC manual or guidance published by state, if any*
- **Incorporate by reference**

State (or MCO) Formal Documentation with CCBHC—Level 1

Level 1--Structure

- **Contract, MOU, other arrangement documenting CCBHC is adhering to certification requirements**
- **If contract used, may be:**
 - *State or MCO contract amendment or exhibit to existing provider contract, or*
 - *Stand-alone state or MCO contract for CCBHC requirements*

Essential criteria to capture in formal documentation

- **Provider licensing, certification, accreditation, Medicaid enrollment**
- **Organization requirements**
- **Staffing**
- **Access/availability**
- **Care coordination**
- **Scope of services**
- **Members of armed forces and veterans**
- **Payment and billing**
- **Quality**
- **Reporting**

CCBHC Formally Documented Provisions —Level 1

- **CCBHC criteria**
 - *Reference SAMHSA guidance or state application, if adjusted or more specific*
- **Staffing**
 - *Levels and types of professionals, training, cultural, linguistic components reflecting local needs and required staffing plan*
- **Availability/accessibility**
 - *Crisis 24/7, appointment standards, updates for assessments, published sliding fee schedule*

CCBHC Formally Documented Provisions —Level 1

- **Care coordination**

- *Across care settings, social/human services, criminal/juvenile justice, Veterans Affairs, etc.*
- *Documentation to meet privacy requirements, including follow-up attempts to obtain if necessary*
- *Health Information Technology (HIT) is developed to support care coordination, electronic health records, data and quality reporting*
- *CCBHCs coordinate care with DCOs in accordance with current treatment plan*
- *Challenging, but critical area to develop and document*

CCBHC Formally Documented Provisions —Level 1

- **Scope of services**
 - *Required to be provided directly by CCBHC*
 - *Required from CCBHC or DCO subcontract*
 - *Notification required for inability to provide any required service due staff vacancies, DCO problems or termination*
 - **State policy should address certification and payment status for CCBHC if all core services not available for specified time**
- **Quality and other reporting**
 - *Provision of data required to assess impact of demonstration project*
 - *Quality measures (required and optional per state application)*
 - *Data required for quality bonus payments (QBPs)*

CCBHC Formally Documented Provisions —Level 1

- **Organizational authority, governance and accreditation**
 - *Type of organization*
 - *Financial audit*
 - *Board composition*

Billing and Payment—Level 1

- **The CCBHC is the provider of record and submits claims for demonstration services provided by it and the DCO to the state.**
- **The CCBHC is paid PPS while the DCO is paid an agreed upon amount by the CCBHC only for demonstration services.**
- **Claiming requirements**
 - *CCBHC submits claims for PPS reimbursement to state (or MCO)*
 - *Coding guidance to identify service level data and services provided by DCOs currently in development*
 - *Data from claims will be a primary source of quality and data reporting*

Billing and Payment--Level 1

- **Claiming requirements**
 - *CCBHC submits claims for PPS reimbursement to state (or MCO)*
 - *Coding guidance to identify service level data and services provided by DCOs currently in development*
 - *Data from claims will be a primary source of quality and data reporting*



Formal Arrangements with DCOs—Level 2

Level 2 Relationships

- **CCBHCs allowed to subcontract or enter into other formal relationships with DCOs for five demonstration services**
 - *Additional exception for crisis where state-sanctioned—treated as DCO*
- **Cannot delegate accountability for CCBHC responsibilities**
- **Care coordination agreements with key providers**

Provisions in DCO Arrangements—Level 2

- **Downstream language from CCBHC to DCO**
- **Provision of services (1 or more of 5 allowed services)**
 - *Require notification to CCBHC if unable to provide one of the core services due to staffing, capacity or other issues*
- **Delineation of specific responsibilities**
 - *Grids can be helpful in complex areas*
 - *Example from care coordination*

Care Coordination Activities	CCBHC	DCO	Other*
Signed releases of information for care coordination or periodic, documented attempts to obtain	X	X	X
Assist with obtaining appointment with external providers; confirms appointment kept	X	?	
Develop and maintain list of medications prescribed	X	X	
EHR with care coordination capabilities			
Supply key elements of care coordination activities to CCBHC to maintain EHR (insert list and method, timing for supplying data)		X	
Notify CCBHC of admission/discharge for psychiatric inpatient, detoxification, residential		X	X
Develops care coordination policies and procedures for CCBHC consumers, including requirements for DCO subcontractors	X		
Coordinate care per CCBHC policies and procedures with providers and affiliated systems		X	
Train staff on CCBHC policies and procedures	X	X	
Responsibility to contact consumers after discharge from higher levels of care (insert list) within 24 hours	X	Yes, depends on LOC	
Participation in treatment planning team	X	Yes, for referred consumers	Yes, for identified consumers

**includes all types of organizations identified in SAMHSA criteria section 3*

Example of care coordination responsibility grid

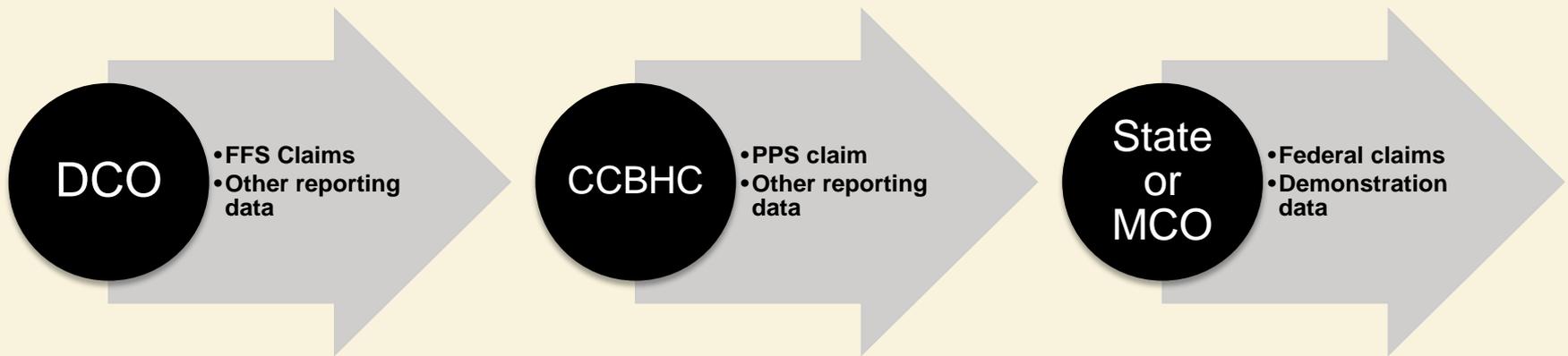
Provisions in DCO Arrangements—Level 2

- **Pass through of CCBHC requirements**
 - *Criteria elements--staffing, availability/access, care coordination, quality, reporting, organizational requirements, etc.*
 - *Where relevant to DCO service*
- **State monitoring of CCBHCs may include monitoring of pass through to DCO formal arrangements**
- **Options for state monitoring of DCO formal arrangements**
 - *Approve each specific arrangement*
 - *Approve template*
 - *Approve defined pass through requirements subject to monitoring*
 - **State requirements should reflect staff resource to review, CCBHC's ability to manage contracted services, pre-existence of comprehensive providers compared to new coalitions**

Provisions in DCO Arrangements—Level 2

- **Privacy requirements--Per 3.b.4 for care coordination**
- **Billing and payment for DCO services**
 - *DCO can bill at rate negotiated with CCBHC, which is included in cost report for PPS*
- **Claims from DCO to CCBHC**
 - *Claims data captured for upstream CCBHC reporting*
 - *Claims likely to be most efficient method for DCO to bill CCBHC and supply required data*
 - **State guidance needed for billing specifics (codes, NPI)**
 - *Alternative methods of billing, supplying required data acceptable (electronic file, invoice, etc.)*

Billing and Data Flow



DCO Arrangement Provisions—Level 2

- **Establish timely billing and reporting requirements for DCO to CCBHC**
 - *CCBHC will include DCO services/visits in claims submitted to state/MCO for PPS*
- **DCOs required to serve self-pay individuals using sliding fee scale**
 - *Operationally easier for DCO to collect co-pay and reflect in claim to CCBHC*

Quick Reference Key Provisions—Level 1 and 2

- **Provider licensing, certification, accreditation, Medicaid enrollment**
- **Organization requirements**
- **Staffing**
- **Access/availability**
- **Care coordination**
- **Scope of services**
 - *Members of armed forces and veterans*
- **Payment and billing**
- **Quality**
- **Reporting**

Special Situations

- **DCO as subsidiary or affiliate of CCBHC due to common parent organization**
 - *Assure terms are “arms-length” without undermining CCBHC intent*
 - *Fair market value rate for services*
- **Review Medicaid regulations to assure alignment with CCBHC/DCO structures**

Oversight and Monitoring

- **State monitoring of arrangements or contracts**
 - *MCO to CCBHC (if applicable)*
 - *CCBHCs to DCOs*
 - **States may require DCOs to be licensed, certified, enrolled as Medicaid provider**
- **Compliance reviews of CCBHC requirements**
 - *State (or MCO) responsible for CCBHC compliance with contract providers*
 - **Example—access standards**
- **CCBHC responsible for monitoring DCO compliance**
- **State responsible for assuring CCBHC is monitoring DCOs**
 - *Example—credentialing staff*

Office Hours

- Additional questions or requests for “office hour” discussion times may be submitted to: 223statecoordination@samhsa.hhs.gov
- Office Hours will allotted in 30 minute increments on a first come - first served basis at the following times:
 - *Friday 6/24 between 1 and 3 pm*
 - *Monday 6/27 between 3 and 5 pm*
 - *Tuesday 6/28 between 3 and 5 pm*
- Please include topic(s) of interest in your email by Friday June 17, 2016

Questions??