

## Subject: Care Coordination

### Requirements

<b>Bulletin Number:</b> DY-1/Clinical- 24- 18	<b>CCBHC Implementation Bulletin</b>	<b>Effective Date:</b> September 1, 2024
<b>Bulletin Status:</b> Revised	<b>Subject: Care Coordination</b>	<b>Number of Pages:</b> 4

1. **Programs Affected:** All CCBHC Demonstration participants.
2. **Background and Purpose:** Community Mental Health Centers (CMHCs) designated by the Alabama Department of Mental Health (ADMH) as Certified Community Behavioral Health Clinics (CCBHCs) must develop care coordination partnerships. ***This bulletin describes Alabama's requirements for care coordination.***
3. **SAMHSA CCBHC Criteria Authority:**
  - 3.1. Per Criterion 3.c.1 CCBHCs must have 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 must establish protocols to ensure adequate care coordination.
  - 3.2. Per Criterion 3.c.2 CCBHCs must have partnerships that establish care coordination expectations with programs that can provide 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 (if any exist within the CCBHC service area). These include tribally operated mental health and substance use services including crisis services that are in the service area. CCBHCs must track when people receiving CCBHC services are admitted to facilities providing the services listed above, as well as when they are discharged, unless there is a formal transfer of care to a non-CCBHC entity. CCBHCs must establish 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.
  - 3.3. Per Criterion 3.c.3 CCBHCs must develop partnerships 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 statute to develop partnerships with the following organizations that operate within the service area:

- 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

CCBHCs may develop partnerships with other entities based on the population served, the needs and preferences of people receiving services, and/or needs identified in the community needs assessment.

CCBHCs must develop a care coordination partnership with the 988 Suicide & Crisis Lifeline call center serving the area in which the CCBHC is located.

- 3.4. Per Criterion 3.c.4 CCBHCs must develop 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.
- 3.5. Per Criterion 3.c.5 the CCBHC must have 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, such as peer recovery specialist/coaches, 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. Ideally, the CCBHC should work with the discharging facility ahead of discharge to assure a seamless transition. These partnerships shall support tracking when people receiving CCBHC services are admitted to facilities providing the services listed above, as well as when they are discharged. The partnerships shall also support the transfer of health records of services received (e.g., prescriptions) and active follow-up after discharge. CCBHCs should request of relevant inpatient and outpatient facilities, for people receiving CCBHC services, that notification be provided through the Admission-Discharge-Transfer (ADT) system.

*The CCBHC must make and document reasonable attempts to contact all people receiving CCBHC services who are discharged from these settings within 24 hours of discharge. For all people receiving CCBHC services being discharged from such facilities who are at risk for suicide or overdose, the care coordination agreement between these facilities and the CCBHC includes a requirement to coordinate consent and follow-up services with the person receiving*

services within 24 hours of discharge and continues until the individual is linked to services or assessed to be no longer at risk.

#### 4. ADMH Care Coordination Requirements

4.1. All Alabama CCBHCs must establish care coordination agreements with the following entities:

- 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
- Opioid Treatment Programs (OTPs)
- Inpatient and residential MH and SUD services
- Ambulatory and inpatient/residential withdrawal management services
- Acute care inpatient settings
- The nearest Veterans Affairs institutions
- Other social and human services

4.2. Additionally, CCBHCs must use their Community Needs Assessment to identify services needed in the community, for the services not provided by the CCBHC, the CCBHC must develop formal, written care coordination agreements.

4.3. The complexity of the care coordination agreement will be contingent upon the service being coordinated and at minimum it *may* include:

- Services provided
- Service level agreements
- Mechanisms for reporting outcomes and quality measures
- Communication mechanisms
- Closed-loop referral processes
- Alerts of admission, discharge and transfer
- Mechanisms to facilitate smooth transitions
- Data sharing requirements, as applicable
- For acute inpatient and ED this should include mechanisms to transition people back to the CCBHC, tracking for receipt of services, ADTs.

All care coordination agreements must be signed by the governing authority and reviewed a minimum of annually and updated as needed. Annual reviews should include a documented review of quality of services provided.

*Note: CCBHCs must make every attempt to contact individuals being served by the CCBHC once they are discharged from an acute inpatient setting, ED or other levels of care.*

4.4. CCBHCs must develop internal procedures to coordinate care with partners.

4.5. Care coordination agreements must be made available to ADMH at monitoring visits and upon request.

*Disclaimer: The information contained in this implementation bulletin is for general information purposes only. For more details on the specific subject area covered in this bulletin, please refer to the Certified Community Behavioral Health Clinic (CCBHC) Certification Updated March 2023. <sup>1</sup>*

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