

Subject: Designated Collaborating Organization

Requirements

Bulletin Number: DY-1/Clinical- 24- 19	CCBHC Implementation Bulletin	Effective Date: September 1, 2024
Bulletin Status: New	Subject: Designated Collaborating Organization Agreement	Number of Pages: 3

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 establish designated collaborating organization (DCO) agreements if they are unable to directly provide all nine services as required by Substance Abuse and Mental Health Services Administration (SAMHSA). ***This bulletin describes Alabama’s requirements for DCOs agreements.***
3. **SAMHSA CCBHC Criteria Authority**
 - 3.1. A DCO is an entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC to deliver one or more (or elements of) of the required services as described in Criteria 4.
 - 3.2. *Per Appendix A Terms and Definitions CCBHC services provided through a DCO must conform to the relevant applicable CCBHC criteria.* The formal relationship is evidenced by a contract, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), or such other formal, legal arrangements describing the parties’ mutual expectations and establishing accountability for services to be provided and funding to be sought and utilized. The formal relationship between CCBHCs and DCOs creates the platform for seamlessly integrated services delivered across providers under the umbrella of a CCBHC. *DCO agreements shall include provisions that assure that the required CCBHC services that DCOs provide under the CCBHC umbrella are delivered in a manner that meets the standards set in the CCBHC certification criteria.* To this end, DCOs are more than care coordination or referral partners, and there is an expectation that relationships with DCOs will include more regular, intensive collaboration across organizations than would take place with other types of care coordination partners.
 - 3.3. Per Appendix A Terms and Definitions, from the perspective of the person receiving services and their family members, services received through a DCO should be part of a coordinated package with other CCBHC services and not simply accessing services through another provider organization. To this end, *the DCO agreement shall take active steps to reduce administrative burden on people receiving services and their family members when accessing DCOs services through measures such as coordinating intake process, coordinated treatment planning, information sharing, and direct communication between the CCBHC and DCO to prevent the person receiving services or their family from having to relay information between the CCBHC and DCO.* CCBHCs and their DCOs are further directed to work towards inclusion of additional integrated care elements (e.g., including DCO providers on CCBHC treatment teams, collocating services). *Regardless of DCO relationships entered into, the CCBHC maintains responsibility for assuring that people receiving services from the CCBHC receive all nine services as needed in a*

Certified Community Behavioral Health Clinic Policy Bulletin: Designated Collaborating Organization

manner that meets the requirements of the CCBHC certification criteria. The CCBHC is responsible for coordinating care and services provided by DCOs in accordance with the current treatment plan.

- 3.4. Per the CCBHC criteria, 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. To the extent that services are needed by a person receiving services or their family that cannot be provided by either the CCBHC directly or by a DCO, referrals may be made to other providers or entities. The CCBHC retains responsibility for care coordination including services to which it refers consumers. Payment for those referred services is not through the PPS but is made through traditional mechanisms within Medicaid or other funding sources.
- 3.5. Per Criterion 3.b.5 the CCBHC must develop and implement a plan within two-years from CCBHC certification or submission of attestation to focus on ways to improve care coordination between the CCBHC and all DCOs using a health IT system. This plan must include information on how the CCBHC can support electronic health information exchange to improve care transition to and from the CCBHC using the health IT system they have in place or are implementing for transitions of care. To support integrated evaluation planning, treatment, and care coordination, the CCBHC must work with DCOs to integrate clinically relevant treatment records generated by the DCO for people receiving CCBHC services and incorporate them into the CCBHC health record. Further, 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.
- 3.6. Per Criterion 3.d.3 the CCBHC must coordinate care and services provided by DCOs in accordance with the current treatment plan.
- 3.7. Per Criterion 4.a.4 DCO-provided services for people receiving CCBHC services must meet the same quality standards as those provided by the CCBHC. The entities with which the CCBHC coordinates care and all DCOs, taken in conjunction with the CCBHC itself, must satisfy the mandatory aspects of these criteria.
- 3.8. Per Criterion 5.a.2 it is the responsibility of the CCBHC to arrange for access to such data as legally permissible upon creation of the relationship with DCOs. CCBHCs should ensure that consent is obtained and documented as appropriate, and that releases of information are obtained for each affected person.

4. ADMH DCO Requirements

- 4.1. For any of the 9 required core services not provided directly by the CCBHC, the CCBHC must identify a DCO.
- 4.2. If the CCBHC must develop a contractual agreement with a DCO(s) to provide any of the required CCBHC core services, the CCBHC must develop policies and procedures to monitor the DCO(s) and ensure it is compliant with all CCBHC requirements for the contracted services provided. The DCO agreement must include, at a minimum:
 - Payment mechanisms
 - Quality of care
 - Reporting on required quality measures
 - Communication expectations and mechanisms

Certified Community Behavioral Health Clinic Policy Bulletin: Designated Collaborating Organization

- Mechanisms for participation in the interdisciplinary team, to include treatment planning and treatment team meetings
 - Mechanisms for the CCBHC to ensure adherence to all CCBHC criteria
 - Specific actions to reduce administrative burden on the person being served, creating a seamless service delivery system.
- 4.3. All DCO(s) must be appropriately licensed or certified by ADMH to perform the activities and procedures detailed within the CCBHC approved scope of services.
 - 4.4. All DCO(s) clinical staff must be appropriately licensed or certified to perform the activities and procedures detailed within the CCBHC approved scope of services.
 - 4.5. DCO agreements must be made available to ADMH at site visits and/or upon request.
 - 4.6. The DCO and CCBHC must develop a mechanism for coordinating treatment including data sharing, participation as part of the interdisciplinary team, and treatment planning.
 - 4.7. CCBHCs who utilize DCOs must include the services delivered by the DCO in their cost report and develop a payment mechanism for services rendered.
 - 4.8. CCBHCs using a DCO, the CCBHC must submit to ADMH a plan to improve data sharing and coordination within 2 years of certification as a CCBHC.

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.

¹ <https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf>