

# CCBHC-E National Training and Technical Assistance Center Criteria Series:

## Establishing Effective Partnerships

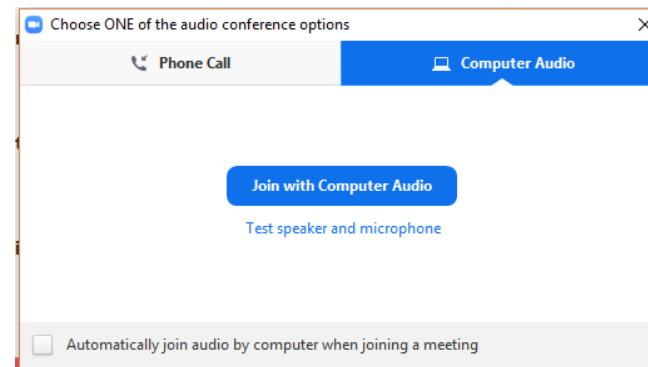
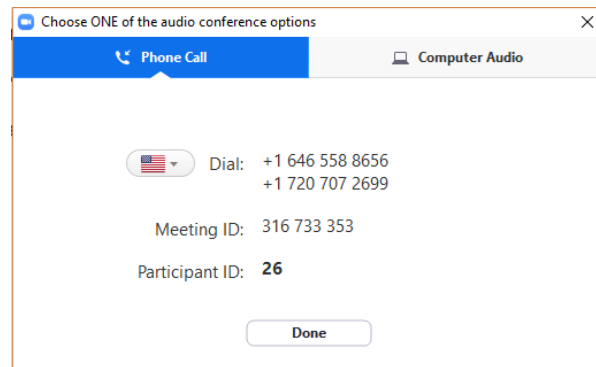
March 29, 2022

**CCBHC-E National Training and Technical Assistance Center**

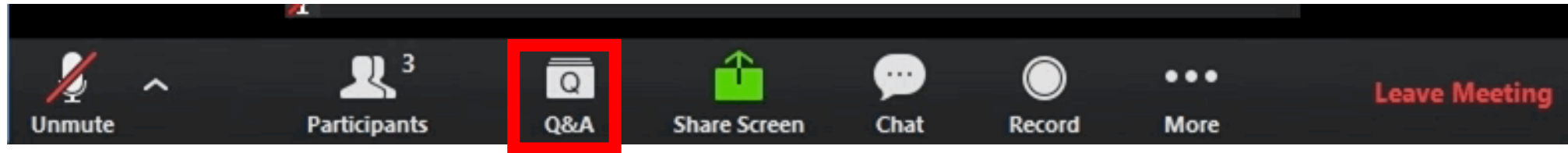
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- Call in on your telephone, or use your computer audio option
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# How to Ask a Question



Share questions throughout today's session using the **Q&A Feature** on your Zoom toolbar. **We'll answer as many questions as we can throughout today's session.**



# Acknowledgements and Disclaimer

*This publication was made possible by Grant Number 1H79SM085856 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views, opinions, or policies of SAMHSA, or the U.S. Department of Health and Human Services (HHS).*



# Post Evaluation Survey

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CCBHC-E National TTA Center

## CCBHC-e Webinar Criteria Series: Monthly Follow Up Post Evaluation Survey

### CCBHC Criteria Webinar Series: Optimizing Staffing in the CCBHC Model Evaluation Survey

Thank you for participating in the CCBHC-E NTTA Center event CCBHC Criteria Webinar Series: Optimizing Staffing in the CCBHC Model, hosted on January 25th, 2022. Please take a moment to complete this brief, anonymous post event survey. Your feedback is essential to help us better understand your need for training, technical assistance and resources. Thank you for taking the time to fill in this questionnaire.

\* 1. Were you the only one who watched the session on your device?

☐ Yes

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\* 3. The speakers for the session provided a very engaging and informative presentation

☐ Strongly Dislike ☐ Dislike ☐ Neutral ☐ Like ☐ Strongly Like

Please note that we will be sending out **post-evaluation survey** within the next month to gather your feedback!

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# Agenda

- Welcome
- Today's Presenters
- Legal and Contracting Considerations for Partnerships – Feldesman Tucker Leifer Fidell, LLP
- Clinic Perspectives – Berks Counseling Center and Cascadia Behavioral Health Center
- Q&A Period



# Today's Presenters



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Holcombe**

Senior Director  
Practice  
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Center Director  
National Council for  
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**Susannah Vance Gopalan**  
**Partner**

Feldesman Tucker Leifer  
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**Renee Boak**

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**Bonnie Triebig**

Clinical Director  
Berks Counseling Center



# Care Coordination 3.A – 3.D

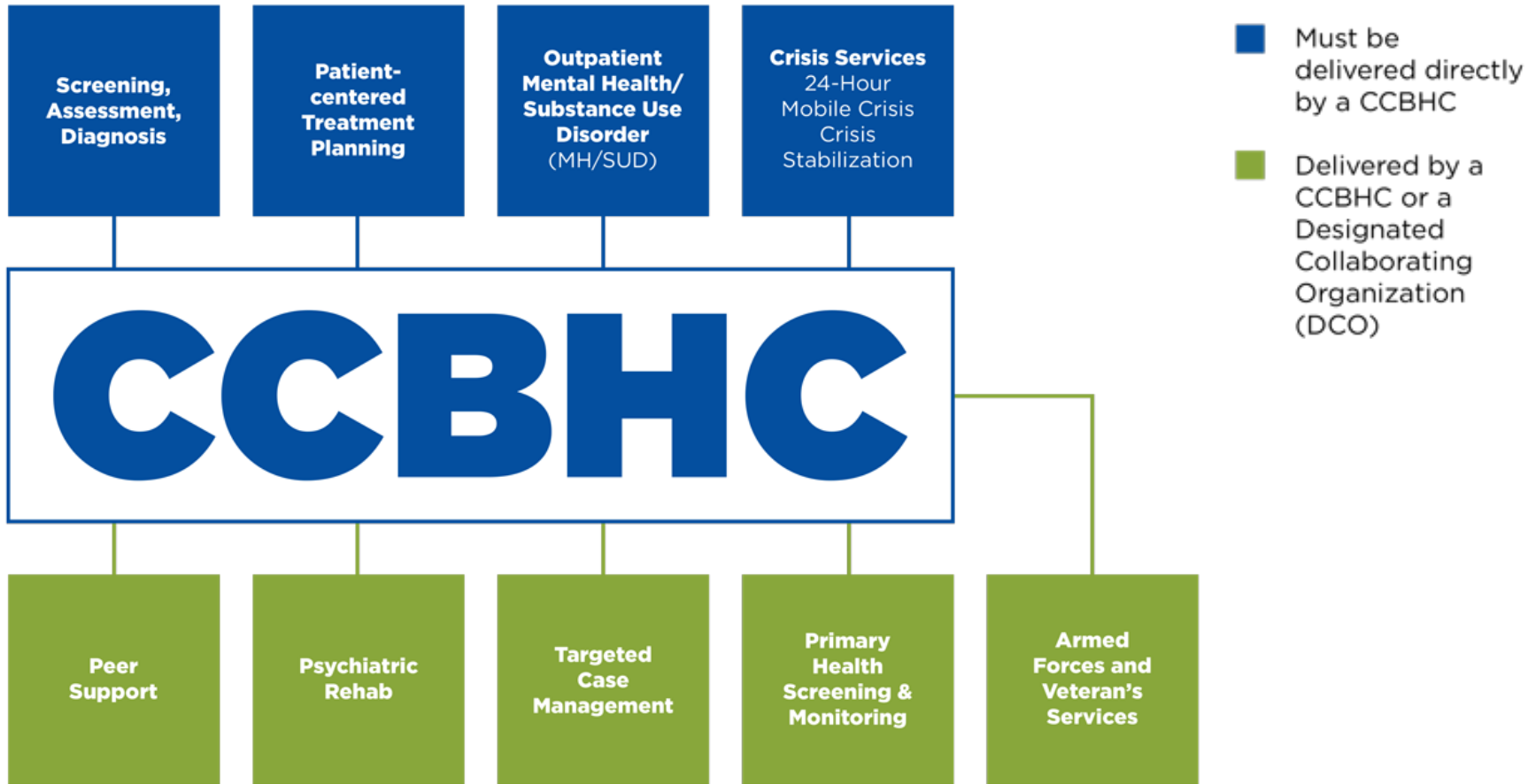
- General Requirements of Care Coordination (3.A)
- Care Coordination and Other Health Information Systems (3.B)
- Care Coordination Agreements(3.C)
- Treatment Team, Treatment Planning and Care Coordination Activities (3.D)
- Provision of Services Regardless of Residence (3.E)

## Today's Highlights

- Care Coordination and DCO Agreements and Contracting
- Strategic partnership considerations
- Building relationships and effective partnerships



# Scope of Services 4.A – 4.K



# CCBHCs: Establishing Effective Partnerships

**Susannah Vance Gopalan, Partner**  
Feldesman Tucker Leifer Fidell, LLP  
<https://www.feldesmantucker.com/>

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# Basic Features of CCBHC Model

- Each CCBHC must **furnish a wide array of required CCBHC services to its consumers**
- Each CCBHC **functions as a true safety-net behavioral health provider**
  - May not refuse services to any consumer based on inability to pay
  - Must offer CCBHC services based on a sliding fee discount schedule
  - Must provide each consumer with a preliminary screening and risk assessment at time of first contact, develop and update a person-centered treatment plan, and provide crisis management services accessible around-the-clock



# Overview of key differences between DCO and care coordination relationships

	DCO	Care Coordination
Scope	DCO relationship may be used to furnish some of the required CCBHC services	Care coordination regarded as activity, rather than service
Type of Agreement	Subrecipient agreement, referral agreement, or purchase of services*	Referral agreement
Responsibility	CCBHC Expansion Grantee clinically responsible for services furnished by DCO	CCBHC not responsible for services provided by other entity
Consideration	Depending on type of agreement, CCBHC may compensate DCO	No consideration (money, discounts, <i>etc.</i> ) is exchanged
Schedule of fees/discounts	DCOs furnish CCBHC services in accordance with a schedule of discounts as required for CCBHC services	The entity bills consumers or payors for the services it provides in accordance with its own fee schedule
Mandatory or optional	Optional (for CCBHC to pursue, if needed, to cover full scope of CCBHC services)	Mandatory

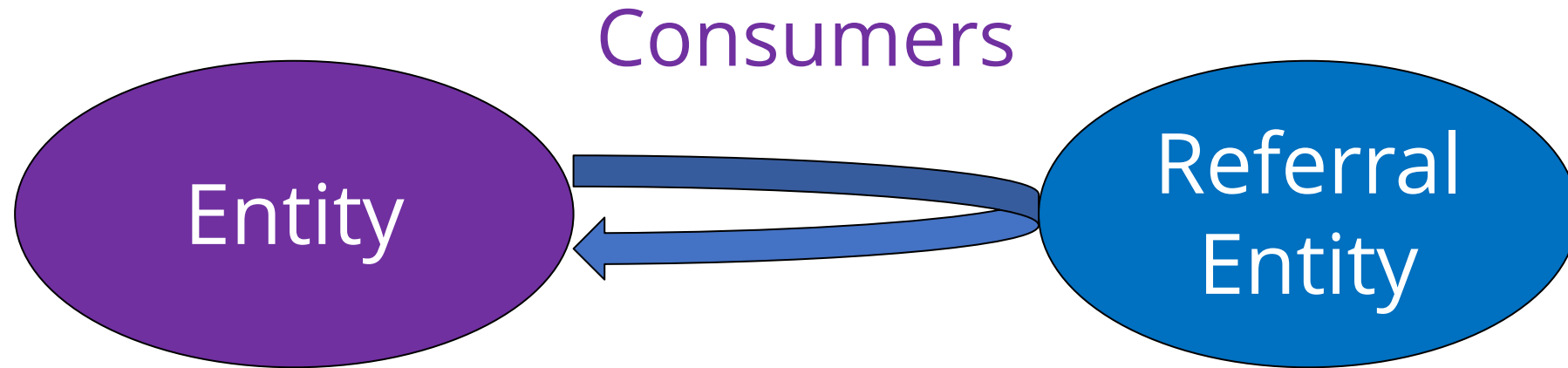


# Goals are carried out through community partnerships – care coordination

- **Care coordination relationships** – “linchpin” of the CCBHC program, per SAMHSA
  - Memorialized in informal agreements between CCBHCs and other providers or social service agencies
  - Agreements describe parties’ mutual expectations
  - Relationship should enhance quality of care, improve CCBHC consumers’ access to services that fall outside the CCBHC benefit, and create seamless transitions between service settings
  - Benefits are achieved primarily through referrals and through the exchange of health information
  - CCBHCs are required to enter care coordination agreements with various types of entities listed in SAMHSA funding announcement



# The Referral Arrangement



- Referral Entity agrees to furnish services to consumers referred by Entity (and possibly vice versa, in mutual referral arrangement)
- Referral Entity may agree to furnish referral services under conditions set forth by Entity (e.g., application of discount schedule)
- Typically, unless the referral arrangement is part of a larger contractual transaction, no consideration is exchanged between the parties



# Goals are carried out through community partnerships – DCO relationships

- **Designated collaborating organization (DCO) relationships** – a means for CCBHCs to make available to their consumers, services they do not directly provide
  - CCBHC maintains clinical responsibility for the service
  - CCBHC must ensure that services furnished by the DCO are provided in accordance with CCBHC program rules (including making services available regardless of ability to pay, and application of sliding fee discount schedule)
  - For CCBHC Expansion Grantees, DCO relationship may be structured as a formal referral arrangement; may also have a contractual element
    - If CCBHC Expansion Grantee chooses to support financially the DCO's discounted provision of services to low-income, uninsured patients, the arrangement may be structured either as a contract or as a subaward of the Expansion Grant
    - Note contrast between CCBHC Medicaid demonstration and CCBHC Expansion Grant; for Medicaid demonstration, CCBHCs are required to structure DCO relationship as a procurement of services, as the CCBHC must function as billing provider



# What does it mean for the CCBHC to be “clinically responsible” for services rendered by DCOs?

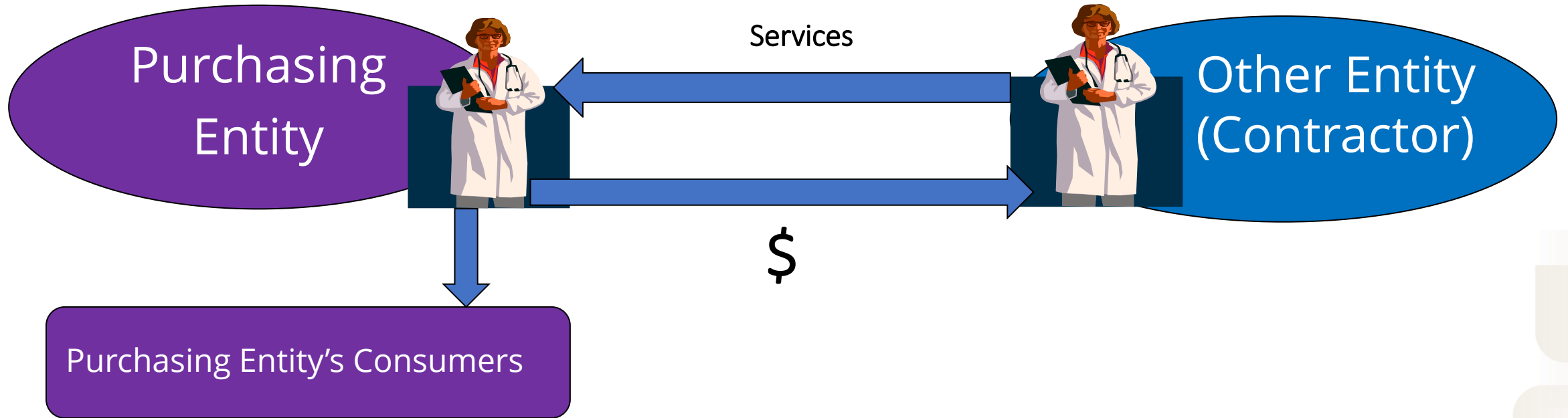
## **CCBHC ensures that services rendered by DCOs:**

- Meet cultural competency requirement in SAMHSA CCBHC requirements
- Are reflected in CCBHC Uniform Reporting System data reported by CCBHC
- Meet SAMHSA CCBHC standards for accessibility of services (application of sliding fee scale; no denial of services based on ability to pay, regardless of insurance status; services rendered within specified time period after appointment request)
- Meet all relevant SAMHSA program requirements applicable to the specific contracted service
- Are rendered in keeping with State law, *e.g.*, each clinician is acting within the scope of his/her license/certification and applicable supervision requirements are met

**CCBHC must make its grievance procedures available to consumers who receive services via DCO.**



# Purchase of Services



Purchasing Entity contracts with Other Entity to furnish services to Purchasing Entity's consumers on behalf of Purchasing Entity



# Quantifying Fair Market Value

- CCBHC's contract rates should be based on objective, documented fair market value
- Examples:
  - Salary surveys
  - Percentage of Medicare or Medicaid fee schedules
  - Percentage of charges
  - Provider's historical annual costs of delivering services
- The CCBHC's contract rate paid to the DCO may take into account administrative costs incurred by the DCO to meet CCBHC program and reporting requirements



# Overview of key differences between CCBHC demonstration and CCBHC expansion grant program

	Demonstration	Expansion Grant
Eligibility	States compete to participate in CCBHC demonstration (8 selected in 2016; 2 in 2020); states select and certify CCBHCs to carry out services under demonstration	Individual behavioral health providers that can demonstrate compliance with CCBHC program criteria compete for SAMHSA grant funds
Medicaid Payment Methodology	Participating States pay certified CCBHCs according to a prospective payment system (PPS)	No impact on Medicaid payment
Nature of DCO relationship	CCBHC is clinically and financially responsible for services furnished by DCO; agreement structured as contract (purchase of services)	CCBHC is clinically responsible for services furnished by DCO; agreement structured as contract, subaward, or referral
Billing payors	CCBHC serves as billing provider for Medicaid services furnished by DCO	Each provider bills payors separately



# DCO Agreement Considerations

**Because the DCO contract will place the CCBHC in a position of ensuring that another provider furnishes services in keeping with CCBHC program requirements, the CCBHC will be motivated to ensure that the agreement includes robust requirements.**

**For example, does the DCO agreement:**

- ✓ Reimbursement (if the agreement includes a contractual element)
  - ✓ Establish fair market value for clinical services and other services rendered by DCO, and specifically identify which services are eligible for a contractual payment?
- ✓ Care coordination
  - ✓ Require DCO to adhere to policies and protocols re: communication with CCBHC to improve patient care?
- ✓ Quality of Care
  - ✓ Require the DCO to observe all substantive CCBHC requirements in delivering care?
  - ✓ Impose penalties on the DCO for care furnished in noncompliance with CCBHC service requirements, or require DCO to indemnify CCBHC against liability associated with noncompliance?
- ✓ Indemnification
  - ✓ Contain provisions for the DCO to indemnify the CCBHC for risks associated with the DCO relationship?



# DCO Contracting Considerations, cont'd.

## Does the DCO agreement:

- ✓ **Confidentiality** (patient and business information)
  - ✓ Contain provisions to ensure protection of patient privacy?
  - ✓ Contain provisions requiring each party to appropriately guard the other's sensitive business information?
- ✓ **Records and reports**
  - ✓ Require the DCO to maintain and timely submit to the CCBHC all required data (e.g., quality reporting)?
- ✓ **Other compliance issues**
  - ✓ Require the DCO to provide attestations:
    - ✓ That its clinicians meet applicable licensure, supervision, and accreditation (if applicable) requirements?
    - ✓ That neither it nor its clinicians or management have been excluded from participating in federal programs?
    - ✓ (For DCOs of CCBHC Expansion Grantees) That the DCO has at minimum two years of relevant experience providing the services at issue?
- ✓ **Specify how CCBHC will ensure that CCBHC consumers accessing DCO care are offered sliding fee discount.**
  - ✓ For example: CCBHC could inform DCO of sliding fee discount status at time of referral; responsibility for collecting discounted fee could be contractually delegated from CCBHC to DCO





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# Cascadia Behavioral Healthcare

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# Organization and Clinic

	Demonstration Program	Expansion Grant
Scope	3 clinics	1 clinic
Demographics	<ul style="list-style-type: none"><li>• Portland, Oregon (urban)</li><li>• MH, SUD, added PC</li><li>• 4000+</li></ul>	<ul style="list-style-type: none"><li>• Milwaukie, Oregon (urban) MH, SUD, added PC</li><li>• 750+</li></ul>
Partnerships	<ul style="list-style-type: none"><li>• PCPs</li><li>• Hospitals</li><li>• Medical detox</li><li>• County jail</li><li>• VA</li></ul>	<ul style="list-style-type: none"><li>• PCPs</li><li>• Hospitals</li><li>• Medical detox</li><li>• County jail</li><li>• VA</li></ul>
DCOs	None	None

# Partnership Considerations

- Existing resources and partnerships in the community
- Expanding capacity/capacity of partners
- Culturally specific services
- Data sharing
- Accountability for fidelity of model w/ DCO partners
- Strategic plan for the agency
- Mission and vision alignment with partners

# Berks Counseling Center

Bonnie Triebig  
Clinical Director

**CCBHC-E National Training and Technical Assistance Center**

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- 2016 CCBHC Demonstration Grantee
- 2018 CCBHC Expansion Grantee – Focus on Wellness and Children’s services
- 2020 CCBHC Expansion Grantee – Focus on Trauma Informed Care and Bilingual Services



# Relationships and Lessons Learned

- DCO Relationships
  - SAM Crisis
  - Threshold – Psychiatric Rehabilitation
- Lessons Learned
  - County support is vital
  - If there is someone in your community who does something well – don't reinvent the wheel
  - Partner with agencies who share the same values
  - Make sure you include discussions about documentation
- Care Coordination Relationships
  - All About Children
  - Haven – Behavioral Health Hospital
  - Berks Community Health Center – MAT
- Lessons Learned
  - These require more effort ongoing to maintain
  - BH-MCO expectations play a role in who you select partnership





# Questions?



# Reminder: Sign up for Office Hours

**Thursday, March 31<sup>st</sup>, 2022 – 1:00-2:00pm ET**

**Register [here](#)**

Looking for more time to dive deeper with our presenters,  
get your questions answered or exchange ideas?

Join our follow-up office hours session!



# Questions or Looking for Support?



## Receive assistance from our team of experts!

The CCBHC-E National Training and Technical Assistance Center provides consultation and technical assistance on CCBHC implementation to expansion grantees. Fill out this form to request assistance today.

Request Training/Assistance

Fields marked with an (\*) are required.

First name *	Last name *
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Title *	Organization/Company *
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# Thank You

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