

DISTINGUISHING DESIGNATED COLLABORATING ORGANIZATION (DCO) RELATIONSHIPS FROM CARE COORDINATION RELATIONSHIPS

Collaboration among providers and safety-net organizations is central to the Certified Community Behavioral Health Clinics (CCBHC) demonstration. Two distinct types of collaborations are addressed—designated collaborating organizations (DCOs) and care coordination.

Understanding the difference between DCOs and care coordination and their associated requirements is critical.

1. Formal Relationships with DCOs

CCBHCs must provide consumers with access to the nine (9) required CCBHC services; however, they are not required to furnish all CCBHC services directly. A subset of the required CCBHC services may be provided through “formal relationships with other providers”¹ known as DCOs. Under this relationship, the DCO furnishes a required CCBHC service or services on behalf of the CCBHC and is subject to various CCBHC requirements.

2. Care Coordination

In addition to furnishing CCBHC services, either directly or through DCOs, CCBHCs must coordinate care across a specific spectrum of safety-net services, including services like inpatient care, primary care and housing access². The Protecting Access to Medicare Act of 2014 (PAMA) refers to referral relationships established to provide access to these services as care coordination.

More information about DCOs and care coordination is available in the [Overview of Legal Requirements and Checklist of Recommended Terms](#).

¹ Protecting Access to Medicare Act (PAMA) § 223(a)(2)(D).

² RFA for SAMHSA Planning Grants for CCBHC, Appendix II–Criteria for the Demonstration Program to Improve Community Mental Health Centers and to Establish Certified Community Behavioral Health Clinics (Guidance, Appendix II), Criterion 3.c.3.



Key Differences Distinguishing DCOs from Care Coordination		
	DCOs	Care Coordination
Scope	A DCO provides some of the required nine (9) CCBHC services and may include outpatient primary care screening and monitoring, targeted case management, psychiatric rehabilitation, peer and family supports, intensive community-based outpatient behavior health care for veterans and members of the U.S. Armed Forces and, in some situations, crisis behavioral health services.	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 purchase of services agreement.	Structured as a referral agreement.
Responsibility	CCBHC is clinically and financially responsible for the DCO's provision of CCBHC services on the CCBHC's behalf.	CCBHC does not assume responsibility for services provided by the other entity or social service agency. The organizations maintain autonomous operations.
Billing Provider	CCBHC is the billing provider for CCBHC services provided by the DCO.	Each care coordination partner is the billing provider for the services that it furnishes.
Consideration	CCBHC compensates 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 other entity or social service agency.
Schedule of Fees and Discounts	DCOs furnish CCBHC services in accordance with the CCBHC's schedule of fees, schedule of discounts and corresponding written policies and procedures.	The entity or social service agency bills consumers and/or payors for the services it provides, as applicable, independent of the CCBHC and in accordance with its own schedule of fees and schedule of discounts.
Mandatory or Optional	DCO contracting is optional. If a CCBHC is able to furnish all nine (9) CCBHC services directly, it need not contract with a DCO.	Care coordination arrangements with other providers in the community are a mandatory component of the CCBHC demonstration.