# TOP 5 DESIGNATED COLLABORATING ORGANIZATION (DCO) QUESTIONS AND ANSWERS

**1. What services may a Certified Community Behavioral Health Clinic (CCBHC) furnish to its consumers through a Designated Collaborating Organization (DCO)?**

Of the nine (9) required Certified Community Behavioral Health Clinics (CCBHC) services, the CCBHC is required to furnish several directly (not via a designated collaborating organization (DCO) relationship). These services are the following: comprehensive behavioral health screening, assessment and diagnosis, including risk assessments; person-centered and family-centered treatment planning and comprehensive outpatient mental health and substance use disorder services.

In addition, in general, CCBHCs must directly provide another required CCBHC service: crisis behavioral health services. However, the CCBHC may contract with DCO to provide crisis behavioral health services under certain conditions set forth in guidance from the Substance Abuse and Mental Health Services Administration (SAMHSA):

- Crisis behavioral health services may be provided via a "state-sanctioned alternative" acting as a DCO.
- Ambulatory and medical detoxification in ASAM categories 3.2-WM and 3.7-WM may be provided via DCO.

CCBHCs may furnish via DCO the remaining five (5) required CCBHC services: outpatient clinic primary care screening and monitoring of key health indicators and health risk, targeted case management, psychiatric rehabilitation services, peer support and counselor services and family supports and intensive community-based mental health care for members of the armed forces and veterans.

The CCBHC maintains clinical and financial responsibility for services rendered to CCBHC consumers via DCO.

**2. Are DCO services the same as referral services? If not, what is the difference between DCO services and referral services?**

No. A DCO is an entity that is not under the direct supervision of the CCBHC, but is engaged in a formal contractual relationship with the CCBHC and delivers services under the same requirements as the CCBHC. Under the written contractual agreement, the parties should describe their mutual expectations and establish accountability for services provided and funding sought and utilized. Payment for DCO services is included within the scope of the CCBHC prospective payment system (PPS) per-visit rate.

Because the CCBHC is paying the DCO to render services and the CCBHC bears financial responsibility for the services, the CCBHC/DCO relationship is necessarily contractual. Under a referral relationship, on the other hand, it is typically the referral provider that

bears clinical and financial responsibility for the service. Referral agreements, in contrast to contracts, typically do not involve the exchange of financial remuneration.

**3. May a private, for-profit clinic or organization function as a DCO?**

Yes. A for-profit organization may function as a DCO. A CCBHC, on the other hand, is required to be a nonprofit or governmental entity.

**4. How will the DCO be reimbursed for the cost of services provided on behalf of the CCBHC?**

The CCBHC is responsible for ensuring that DCO-related costs are included in the CCBHC's Medicaid base period cost report. That cost report, in turn, determines the CCBHC's PPS rate. The CCBHC will pay the DCO a contracted per-visit rate for services provided. The rate should represent fair market value for the services purchased.

Because the CCBHC is financially responsible for DCO-provided services, it is the CCBHC, rather than the DCO, that bills Medicaid for CCBHC services furnished via DCO.

**5. How will CCBHCs gather encounter and qualify data from DCOs?**

In order for a CCBHC to bill Medicaid for a CCBHC encounter rendered to a consumer, the encounter must be documented in the consumer's CCBHC health record. Therefore, where a CCBHC service is furnished via DCO, the DCO will be required either to participate in a health information exchange through which health record entries can be shared or to transmit the encounter data to the CCBHC.

CCBHCs will also be responsible for billing Medicaid managed care entities and payors other than Medicaid for CCBHC services furnished via DCO. The encounter data reporting requirements that the CCBHC imposes on the DCO may vary according to payor.

Similarly, in order to fulfill the clinical and quality reporting requirements of SAMHSA's Uniform Reporting System concerning all CCBHC services, including those furnished via DCO, a CCBHC will need access to wide-ranging data from the DCO.

A CCBHC's written agreement with the DCO should require the DCO maintain and timely submit to the CCBHC all required data, such as information on quality reporting and encounter data.