

# CCBHC and FQHC Webinar Series: Session 2 – Understanding CCBHC and FQHC Partnership Requirements and Opportunities

July 18, 2023

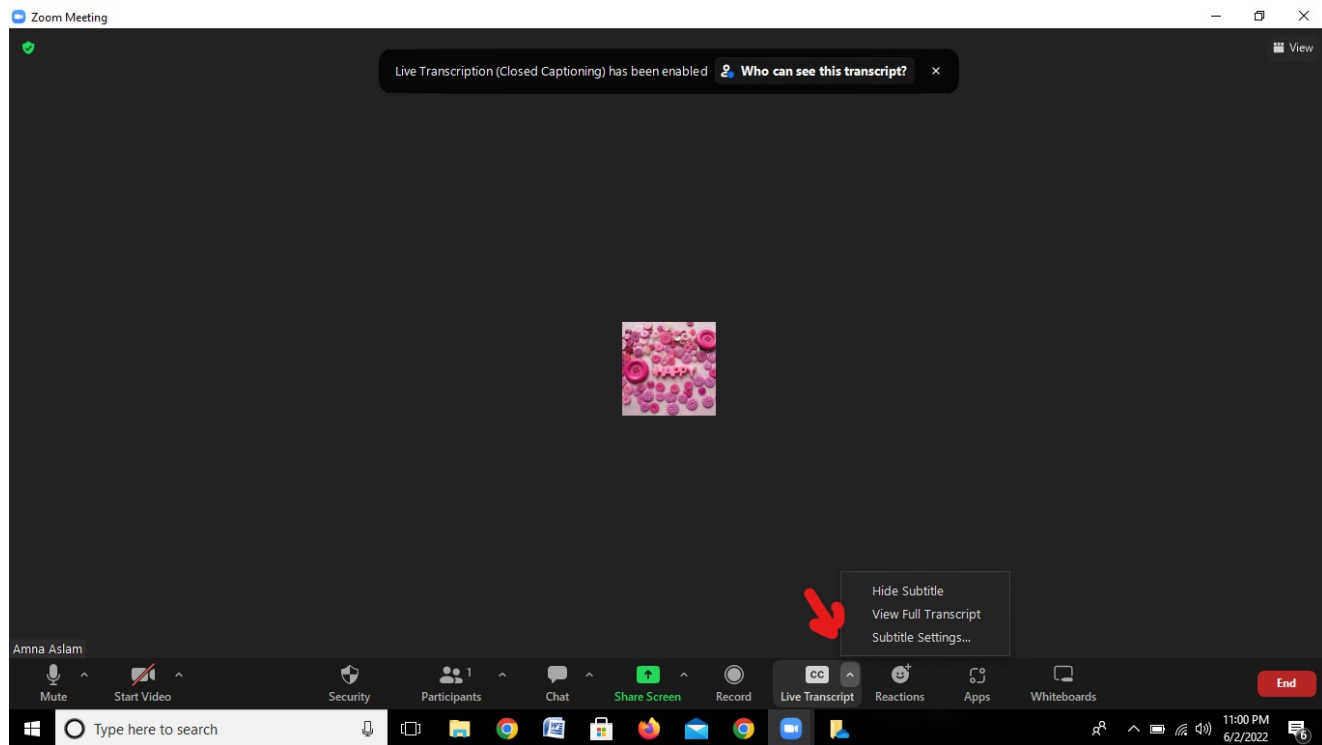


# Acknowledgements and Disclaimer

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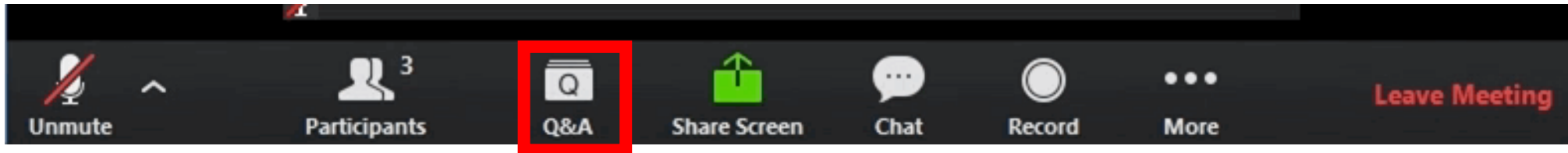


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# How to Ask a Question



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# Series Overview

- Session 1: Back to the Basics – CCBHC/FQHC Overview
- **Session 2: Understanding CCBHC/FQHC Partnerships/Requirements**
- Session 3: Putting it into Practice: Successful CCBHC/FQHC Partnership
- Session 4: Pathways and Sustainability

# Learning Objectives

- Increase knowledge of required partnerships and partnership opportunities for both CCBHC and FQHCs
- Increase awareness of what to include in partnership agreements
- Provide 2 -3 strategies for establishing, and maintaining, successful partnerships

# Today's Agenda



- Review CCBHC and FQHC required and potential partnerships and their connection to required services
- Discuss the role and importance of partnership agreements and approaches
- Identify strategies for successful partnerships
- Q&A

# Today's Presenters



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# Recap: Purpose

## Certified Community Behavioral Health Clinic (CCBHC)

- The CCBHC model is designed to improve access to and quality of coordinate, comprehensive behavioral health care that is responsive to the needs of the community served.
- CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age - including developmentally appropriate care for children and youth.
- CCBHCs are required to provide a comprehensive array of behavioral health services so that people who need care can access it quickly and don't have to piece together the behavioral health support they need across multiple providers. CCBHCs must provide care coordination to help people navigate behavioral health care, physical health care, social services, and the other systems they are involved in.

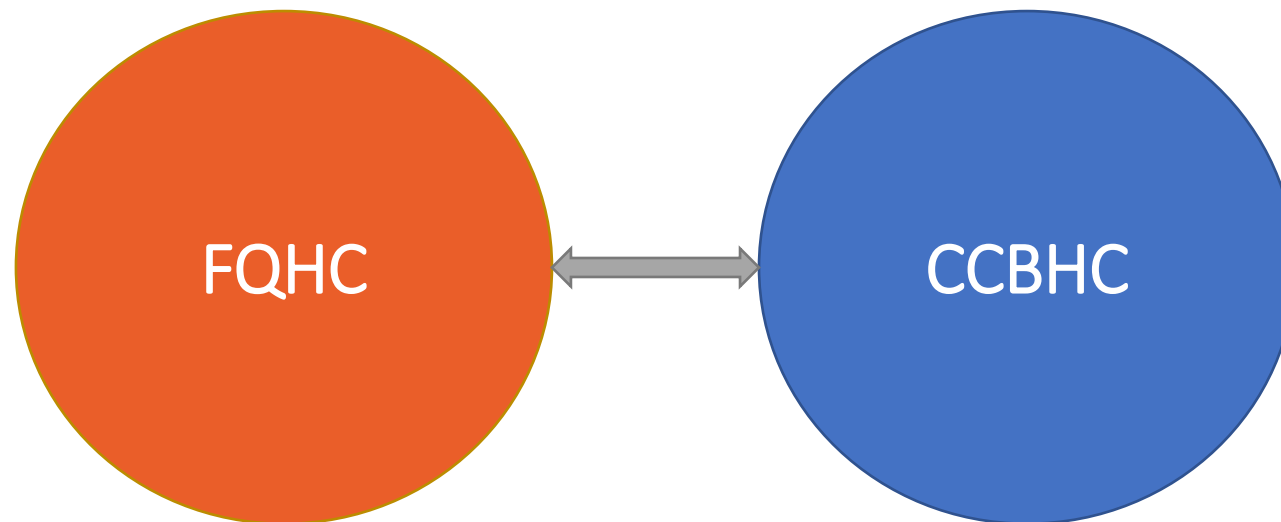
## Health Center Program

- Intended to improve the health of the nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary care services.
- Community health centers are safety-net providers that deliver comprehensive primary health care, dental care, vision care as well as supportive and enabling services to all individuals regardless of their ability to pay.
- Federally Qualified Health Center (FQHC) is a term indicating eligibility for reimbursement using specific payment methodologies.
- Health Center Program award recipients may be Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Health Centers for Residents of Public Housing.



# How can CCBHCs and FQHCs work together?

**Example 1: Care coordination relationship:** CCBHC and FQHC have an agreement in place to refer clients to care, support them in following up for treatment, collaborate around shared clients, and ensure clients' whole health needs are being met. *(Note: care coordination expectations in the CCBHC criteria require more than a simple referral relationship)*



Gray arrows show care coordination relationship

81% of CCBHCs report their number of referrals to primary care has increased since becoming a CCBHC.

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# CCBHC: Care Coordination Partnerships

“the linchpin of the CCBHC model...”

“Care coordination, including requirements to coordinate care across settings and providers to ensure seamless transitions for patients across the full spectrum of health services, including acute, chronic, and behavioral health needs. Care coordination requirements shall include partnerships or formal contracts with the following:

- Federally-qualified health centers (and as applicable, rural health clinics) to provide Federally-qualified health center services (and as applicable, rural health clinic services) to the extent such services are not provided directly through the certified community behavioral health clinic.
- Inpatient psychiatric facilities and substance use detoxification, post detoxification step-down services, and residential programs.
- Other community or regional services, supports, and providers, including schools, child welfare agencies, and juvenile and criminal justice agencies and facilities, Indian Health Service youth regional treatment centers, State licensed and nationally accredited child placing agencies for therapeutic foster care service, and other social and human services.
- Department of Veterans Affairs medical centers, independent outpatient clinics, drop-in centers, and other facilities of the Department as defined in Section 1801 of title 38, United States Code.
- Inpatient acute care hospitals and hospital outpatient clinics.”



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# Health Center: Care Coordination Definition

As defined in Section 330:

- “proposed linkages between the center and other appropriate provider entities, such as health departments, local hospitals, and rural health clinics, to provide better coordinated, higher quality, and more cost-effective health care services.”

# Care Coordination: Practice and Function

## CCBHC

- Person-centered and honoring client choice
- Coordination across health and non-health related needs (behavioral, physical, social, vocational)
- Maintaining privacy and confidentiality
- Evaluation includes reconciliation of medication, including use of PDMP
- Assistance in accessing benefits
- Leveraging and use of HIT

## Health Centers

- Scheduling appointments
- Arranging for transportation to health visits
- Medication management
- Patient education
- Home delivery of prescriptions
- Assisting patients with weather events
- Addressing Social Drivers of Health by linking patients to local resources
  - Clothing, food, and senior centers, internet services for telehealth visits etc.

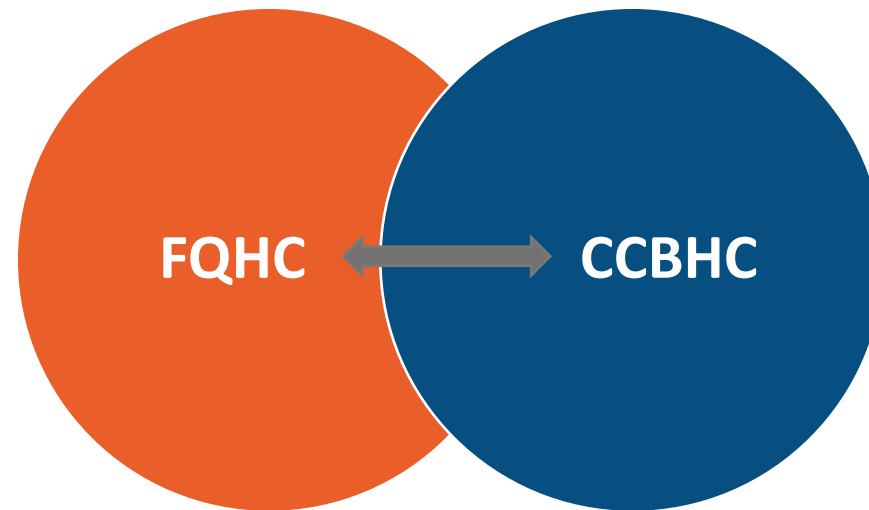


# Health Center: Advanced Care Coordination

- Care Management
  - Principal, Transitional, Chronic Care or Complex Care Management
- Team-Based Care models and workflows
- Medication Management
- Patient-Centered medical home
  - CoCM – integrating mental health and substance use into the PCMH
  - Answering calls 24/7
- Technology
  - Remote patient monitoring
  - Electronic health record

# How can CCBHCs and FQHCs work together?

**Example 2: Designated Collaborating Organization (DCO) relationships:** FQHC delivers a CCBHC required service (such as primary care screening and monitoring) on behalf of the CCBHC. This may take place onsite at CCBHC, onsite at FQHC or in the community. CCBHC and FQHC also partner to coordinate clients' care as described above.



32% of CCBHCs report they have established a DCO relationship with an FQHC.

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# CCBHC: Designated Collaborative Organizations (DCO) Relationships

DCO relationships, unlike care coordination relationships, are not required for CCBHCs. A CCBHC can provide all CCBHC services on its own.

- **DCO relationships** – a means for CCBHCs to make available to persons with lived experience, services they do not directly provide.
  - *CCBHCs must deliver directly the majority (51% or more) of encounters across the required services (excluding Crisis Services) rather than through DCOs.*
- 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.
- CCBHC does not directly supervise the DCO but is in a formal relationship to ensure that services rendered by the DCO are under the CCBHC umbrella and are delivered in a manner that meets the standards set in the CCBHC certification criteria.





# CCBHC: Designated Collaborative Organizations (DCO) Relationships

## CCBHC ensures that services rendered by DCOs:

- 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 cultural competency requirement in SAMHSA CCBHC requirements
- Are reflected in CCBHC required data reporting
- 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: Designated Collaborative Organizations (DCO) Relationships Considerations

- Staffing
  - DCO staff providing services to individuals receiving CCBHC services must be appropriately licensed, certified, registered, or credentialed
  - The CCBHC training plan must address training for DCO staff providing services to individuals receiving CCBHC services
- Collaboration and Coordination
  - The CCBHC coordinates care and services provided by DCOs in accordance with the current treatment plan
  - The CCBHC's [health information technology](#) (HIT) plan should include ways to improve care coordination between the CCBHC and all DCOs using HIT.
  - Some of the CCBHC's data and quality reporting measures might require access to data from DCOs. The CCBHC is responsible for arranging access to such data as legally permissible upon creation of the relationship with DCOs. The CCBHC must also ensure adequate consent, as appropriate, and obtain releases of information for each affected individual receiving services.



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# CCBHC: Designated Collaborative Organizations (DCO) Relationships Considerations

- Contracting
  - For Section 223 CCBHC Demonstration sites, the DCO agreement is typically structured as a contract and purchase of services (allowable for reimbursement under the Medicaid Prospective Payment System).
  - For SAMHSA-funded CCBHC Grantees, the DCO relationship may be structured as a formal referral arrangement and/or an MOU/MOA. If the 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 grant.
- Payment and Billing
  - For Section 223 CCBHC Demonstration sites, the CCBHC can serve as billing provider for Medicaid services furnished by DCO.
  - For SAMHSA CCBHC grantees, each provider bills payors separately.

For CCBHC and FQHC partnerships, need to clearly identify and separate FQHC services and costs vs CCBHC services and costs.



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# Health Center – DCO Relationship

- Health Centers can partner with CCBHCs through a DCO relationship.
- Potential areas of service delivery include:
  - Outpatient primary care screening and monitoring.
  - Patient-centered treatment planning.
  - Peer support, counseling, and family support.

# Key Differences Distinguishing DCOs from Care Coordination

- Scope of service that are being provided
- Type of agreement
- Billing provider
- Schedule of fees and discounts
- Required or mandated relationship

When a CCBHC partners with a DCO, the DCO is allowing the CCBHC to fulfill its scope of service requirements and is seen as an extension of the CCBHC, with the DCO maintaining the same quality and standards of care.

# CCBHC: Partnership Agreements

- Coordination of services
- Obligations of the care coordination partner, including timely access to services
- Privacy and data sharing
- Standards of care
- Professional judgment and freedom of choice
- Compliance with state and federal law
- Remuneration of services
- Record keeping and data sharing



# Scope of Services: Health Centers

Health Centers must provide access to ALL required services through one or more of three different service delivery methods: directly through employees of your organization, by contracted individuals or organizations, or by formal referral relationships. General primary care services must be provided directly or by contract

## Required

- ✓ General primary medical care
- ✓ Diagnostic laboratory and radiology
- ✓ Screenings
- ✓ Coverage for emergencies after hours
- ✓ Voluntary family planning
- ✓ Immunizations
- ✓ Well child care
- ✓ Gynecology and obstetrical care
- ✓ Preventive dental
- ✓ Pharmaceutical services

## Additional

- Additional dental services
- Mental health services
- Substance use disorder services
- Optometry
- Recuperative care
- Environmental health
- Occupational therapy
- Physical therapy
- Speech-language pathology
- Nutrition
- Complementary and alternative medicine



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# Health Center – Service Delivery Methods

- Any service, whether required or additional, may be provided directly by the health center or through established (formal) arrangements.
- The term “established arrangement” means an arrangement where a service is provided through a formal written contract or cooperative arrangement (section 330(a)(1) of the PHS Act).
- All services within the approved Health Center Program scope of project must be appropriately recorded on Form 5A: Services Provided (Form 5A) in the HRSA Electronic Handbooks Scope Module.





# Health Center – Service Delivery Methods

- Direct (Health Center Pays)
- Formal Written Contract/Agreement (Health Center Pays)
- Formal Written Referral Arrangement (Health Center Does NOT Pay)
- Is the service in scope?
- Who provides the service?
- Documentation of service provision
- Where are services delivered?
- Related documentation

# Examples of Successful CCBHC and FQHC Partnerships

- Care Coordination between CCBHC and FQHC
  - FQHC
  - Justice involved individuals
  - Primary care screening and monitoring
- DCO Relationships
  - Crisis
  - Peer services
  - Co-located FQHC



# Strategies for Successful Partnerships

- Align around mutually beneficial opportunities
- Determine what data will be shared, when, by whom, and how (partnership agreement)
- Meet regularly to share updates and identify opportunities for improvement
- Partnership as a strategy to address staff/service capacity and need in the community



# Questions?



# Session Resources

Resource	Resource Link
CCBHC and FQHC Partnership Webinar Series Webpage	<a href="https://www.thenationalcouncil.org/program/ccbhc-e-national-training-and-technical-assistance-center/training-events/ccbhc-and-fqhc-series/">https://www.thenationalcouncil.org/program/ccbhc-e-national-training-and-technical-assistance-center/training-events/ccbhc-and-fqhc-series/</a>
CCBHC and FQHC Crosswalk	<a href="https://www.nachc.org/wp-content/uploads/2023/06/NACHC-FQHC-and-CCBHC-Program-Crosswalk.pdf">https://www.nachc.org/wp-content/uploads/2023/06/NACHC-FQHC-and-CCBHC-Program-Crosswalk.pdf</a>
CCBHC-E National Training and Technical Assistance Center	<a href="https://www.thenationalcouncil.org/program/ccbhc-e-national-training-and-technical-assistance-center/">https://www.thenationalcouncil.org/program/ccbhc-e-national-training-and-technical-assistance-center/</a>
HRSA Health Center Program Compliance Manual	<a href="https://bphc.hrsa.gov/compliance/compliance-manual">https://bphc.hrsa.gov/compliance/compliance-manual</a>
SAMHSA CCBHC Certification Criteria (December 2022)	<a href="https://www.samhsa.gov/sites/default/files/revised-ccbhc-criteria-dec-2022.pdf">https://www.samhsa.gov/sites/default/files/revised-ccbhc-criteria-dec-2022.pdf</a>
CCBHC Contracting and Partnerships Toolkit	<a href="https://www.thenationalcouncil.org/resources/ccbhc-contracting-and-partnerships-toolkit-for-ccbhc-expansion-grantees/">https://www.thenationalcouncil.org/resources/ccbhc-contracting-and-partnerships-toolkit-for-ccbhc-expansion-grantees/</a>



# Upcoming Events

Event Type	Title	Date + Time	Registration Link
Webinar	<b>CCBHC and FQHC Partnership Series Session 3:</b> Putting it into Practice: Successful CCBHC and FQHC Partnerships	August 3, 2:00pm ET	<a href="#">Register</a>
Webinar	<b>CCBHC and FQHC Partnership Series Session 4:</b> Pathways and Sustainability	August 15, 3:30pm ET	<a href="#">Register</a>



# CCBHC-E TTA Center Website



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[CCBHC-E National Training and Technical Assistance Center](#)




# Thank You!

## Thank you for attending today's event.

Slides and the session recording link will be available on the CCBHC-E NTTAC website under "Training and Events" > "Past Events" within 2 business days.

### Calendar of Events

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