

CCBHC and Managed Care Organization (MCO)

Communication Protocol

Background

Certified Community Behavioral Health Clinics are authorized under Section 223 of the Protecting Access to Medicare Act (PAMA) (PL 113-93). The goal of CCBHCs is to integrate behavioral health with physical health care, increase consistent use of evidence-based practices, and improve access to high-quality care for individuals covered by Medicaid. Minnesota is one of eight states (including Missouri, New York, New Jersey, Nevada, Oklahoma, Oregon, and Pennsylvania) selected to operate the two-year CCBHC demonstration project. As a condition of participation in the demonstration project, Minnesota must certify that participating clinics meet the federal [certification criteria](#) and must ensure that participating clinics are compensated for services through a prospective payment system (PPS).

Care Coordination and Communication

Care coordination is described by the Substance Abuse and Mental Health Services Administration (SAMHSA) as the linchpin of the CCBHC program. The Agency for Healthcare Research and Quality (2014) defines care coordination as involving “deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient’s care to achieve safer and more effective care. This means the patient’s needs and preferences are known ahead of time and communicated at the right time to the right people.”

CCBHC care coordination and how it relates to MH-TCM and BHH services

Under the federal law authorizing the CCBHC demonstration project, a CCBHC *must* provide MH-TCM as a condition of certification. Additionally, in Minnesota, all of the CCBHC clinics except one are certified to provide BHH services. This means that the CCBHC will have multiple ways in which it demonstrates compliance with federal care coordination criteria. For more information on CCBHC care coordination criteria and how it aligns with BHH services and MH-TCM services please see the [CCBHC care coordination BHH TCM crosswalk](#).

The expectation is that whenever a consumer is receiving either MH-TCM or BHH services from the CCBHC, the MH-TCM provider or BHH services team is the person or team responsible for communicating with the MCO. When a consumer is not receiving either MH-TCM or BHH services, the care coordination staff for the CCBHC clinic are responsible for communication with the MCO. Finally, when a consumer is receiving MH-TCM or BHH services outside of the CCBHC, the CCBHC care coordination staff is responsible for meeting the CCBHC care coordination criteria by gathering necessary information from the consumer’s MH-TCM provider or the consumer’s BHH services team. CCBHC staff must comply with all state and federal privacy requirements when communicating with MCOs or providers external to the CCBHC.

Person receives MH-TCM or BHH services from the CCBHC	Person receives MH-TCM or BHH from a provider outside the CCBHC	Person receives neither MH-TCM or BHH
MH-TCM provider or BHH services team is responsible for all CCBHC-related communication with the MCO.	CCBHC care coordination staff is responsible for gathering required information from MH-TCM provider or BHH services team. CCBHC care coordination staff is responsible for all CCBHC-related communication with the MCO.	CCBHC care coordination staff is responsible for all CCBHC-related communication with the MCO.

When does communication need to happen?

Communication requirements between the CCBHC and the MCO will differ depending on the product that the consumer is enrolled in. If a consumer is enrolled in the Families and Children product, there is unlikely to be the need to communicate with the MCO. The one exception would be if the MCO has assigned a care coordinator to the enrollee based on the identification of a special health care need. However, for consumers enrolled in either SNBC or the seniors products (MSHO or MSC+), the MCO is required to assign a care coordinator or case manager. The CCBHC care coordination team is expected to communicate with the consumer's MCO care coordinator to ensure that the consumer is able to benefit from the maximum amount of care coordination resources available to him or her.

Suggested process to facilitate communication between the CCBHC and the MCO Care Coordinator

STEP ONE: CCBHC staff determines if the consumer is enrolled in a MCO.

STEP TWO: CCBHC staff contacts the MCO's member services department to determine if the enrollee has been assigned a care coordinator.

STEP THREE: If the consumer has been assigned a care coordinator by the MCO, the CCBHC is responsible for contacting the MCO care coordinator and developing a plan for future communications (e.g. When will the CCBHC or MCO communicate with one another? What is the preferred method of communication? Etc.)

The following is a list of **suggested** events or "pivot points" that might trigger communication between the CCBHC and MCO.

Pivot Points

- Consumer starts with a CCBHC
- Consumer starts BHH or MH-TCM (provided by the CCBHC or external provider)
- Referral for new service provider
- Change in living situation/address
- Consumer is decompensating and likely to need hospitalization or residential services
- Hospital admission/discharge
- ED admission/discharge
- Detoxification services admission/discharge
- Detoxification step-down services admission/discharge
- Residential treatment admission/discharge
- HCBS referral/intake
- Out-of-home placements for children
- Treatment screenings for children