Comparison of CCBHC Care Coordination Criteria to BHH, MH-TCM, and SUD Treatment Coordination

Background

Certified Community Behavioral Health Clinics (CCBHC) were created by Sec. 223 of PAMA (codified as 42 U.S.C. §1396a note). The federal law requires that CCBHC clinics meet criteria established by SAMHSA. This chart compares the federal care coordination criteria for CCBHCs to care coordination requirements for Behavioral Health Home (BHH) services, Mental Health Targeted Case Management (MH-TCM), and Substance Use Disorder treatment coordination. Please see statutory and state plan amendment references at end.

	CCBHC	**CCBHC**	**BHH**	**BHH**	**MH-TCM**	**MH-TCM**	**SUD Tx Coordin ation**	**SUD Tx Coordination**
	Care coordination criteria	Required activities	CCBHC criteria met?	Brief description	CCBHC criteria met?	Brief description	CCBHC criteria met?	Brief description
3.a.1	Person-centered or family-centered plan of care used to coordinate care across the spectrum of health services (both physical and mental health), social services, housing, educational systems, and employment.	CCBHC must develop a person-centered or family centered integrated treatment plan which includes a plan for care coordination activities for all consumers.	No	BHH requires the development of a person-centered health action plan (HAP). Does not require that HAP to address all elements required by CCBHC.	No	MH-TCM is required to develop an individual community Support Plan (ICSP or IFCSP) to coordinate all services. MH-TCM does not require all elements required by CCBHC.	No	SUD treatment coordination must be in treatment plan. SUD treatment plan does not require all elements required by CCBHC integrated treatment plan.
3.a.2	Comply with HIPAA and 42 CFR 2 privacy requirements.	CCBHCs have procedures in place that comply with HIPAA, 42 CFR	Yes	BHH providers are required to comply with HIPAA and 42 CFR 2.	Yes	MH-TCM providers are required to comply with HIPAA and 42 CFR 2.	Yes	SUD treatment providers are required to comply with

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		Part 2, requirements specific to minors, and other privacy and confidentiality requirements of state or federal law addressing care coordination.						HIPAA and 42 CFR 2.
		Document in EHR the family member(s) or identified supports with whom CCBHC consumer would like CCBHC to share information.	Yes	BHH certification standard 3.B.	No	MH-TCM providers not required to utilize EHR.	No	SUD treatment providers must use an EHR and "assist in coordination with significant others to help in the treatment planning process whenever possible."

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	Care coordination criteria	Required activities	CCBHC criteria met?	Brief description	CCBHC criteria met?	Brief description	CCBHC criteria met?	Brief description
								245G.07 subd.1 (a)(6)
3.a.3	Consistent with requirements for privacy, confidentiality, and consumer preference and need, the CCBHC assists consumers and families of children and youth, referred to external providers or resources, in obtaining an appointment and confirms the appointment was kept.	CCBHC must demonstrate ability to assist consumers in obtaining appointments to external providers. This can be demonstrated through position description or workflow that clearly identifies that staff resource is available to provide direct assistance to consumer in making appointment and obtaining supports	Yes	BHH certification standard 3.B.	No	Minn. R. 9520.0920, subpart 2(B) requires MH-TCM to coordinate care with all providers, but not require use of health IT to complete this coordination.	No	"Assistance in coordination with and follow up for medical services" only. "Facilitation of referrals" for SUD, MH, and social services. *245G.07 subd.1 (a)(6)*

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	necessary to keep the appointment.						
	Record date of all referrals in EHR/patient registry for each consumer. Should be searchable so it can be reviewed and acted upon.	Yes	BHH certification standard 3.B.	No	Minn. R. 9520.0920, subpart 2(B) requires MH-TCM to coordinate care with all providers, but not require use of health IT to complete this coordination.	No	"Documentation of the provision of care coordination services in the client's file" is required but not documentation of referrals specifically. *245G.07 subd.1 (a)(6)*
	Responsibility for "closing the loop" is identified in a position	Yes	BHH certification standards 7.B. and 8.D.	Yes	Minn. R. 9520.0920, subpart 2(B)	No	"Assistance in coordination with and follow up for medical

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	Care coordination criteria	Required activities	CCBHC criteria met?	Brief description	CCBHC criteria met?	Brief description	CCBHC criteria met?	Brief description
		description or workflow.						services" only. It is only "facilitation of referrals" for SUD, MH, and social services *245G.07 subd.1 (a)(6)*
3.a.4	Develop a crisis plan for each consumer.	CCBHCs are required to work with consumers at intake and after a psychiatric emergency or crisis to create, maintain and follow a crisis plan.	Yes	BHH certification standard 11.B.	No	MH-TCM not required to develop a crisis plan for all consumers.	No	SUD treatment coordination does not require a crisis plan.
3.a.5	Track CCBHC consumers' medications.	Maintain a list in the EHR/patient registry with medications for all consumers.	Yes	BHH certification standard 3.B.	No	MH-TCM not required to track all medications for consumers.	No	SUD tx coordination not required to track all medications for consumers.

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3.a.6	Ensure that CCBHC care coordination agreements do not restrict consumer's ability to choose their own provider.	Develop a care coordination agreement that specifically allows consumer to choose his or her own provider. The agreements should outline roles and responsibilities for supporting the individual in accessing care and services.	No	BHH encourages but does not require the provider to use care coordination agreements with external providers	No	MH-TCM does not require the provider to use care coordination agreements with external providers	No	SUD tx coordination does not require the provider to use care coordination agreements with external providers
3.b.1	Establish and maintain health IT system that can: • Capture consumer demographic information • Diagnoses • Medication lists	CCBHCs must utilize an EHR that (1) can capture demographic information, (2) diagnoses, (3) medication lists; (4) provide clinical decision support; (5) can	Yes	BHH certification standard 2.B., 2.D., 3.B., 7.D.	No	MH-TCM does not require use of a health IT system.	No	SUD tx coordination does not require use of a health IT system.

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	• Provide clinical decision support • Electronically submit prescriptions to pharmacy • *to the extent possible* report on data and quality measures.	electronically transmit prescriptions to the pharmacy and (6) to the extent possible report on data and quality measures.						
3.b.2	Use of health IT system to conduct: • Population health management • Quality improvement • Reduction of disparities • Research and outreach	Use of an EHR/patient registry for population health management.	Yes	BHH certification standard 2.B., 2.D., 7.D.	No	MH-TCM does not require use of population health management.	No	SUD tx Coordination does not require use of population health management.
		Use of EHR/patient registry to support	Yes	BHH certification standard 3.D, 3.E. requires	No	MH-TCM does not require use of population health management.	No	SUD tx coordination does not require use of

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	Care coordination criteria	Required activities	CCBHC criteria met?	Brief description	CCBHC criteria met?	Brief description	CCBHC criteria met?	Brief description
		development of quality improvement processes.		establishment of quality improvement, but does not require that it be part of health IT system.				population health management.
		Use of EHR/patient registry to establish processes aimed at reducing health disparities.	No	BHH certification does not require providers to use health IT to reduce health disparities.	No	MH-TCM does not require providers to use health IT to reduce health disparities.	No	SUD tx coordination does not require providers to use health IT to reduce health disparities.
		Use of EHR/patient registry for research and outreach	No	BHH certification does not require providers to use health IT for research and outreach.	No	MH-TCM does not require providers to use health IT for research and outreach.	No	SUD tx coordination does not require providers to use health IT for research and outreach.

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	Care coordination criteria	Required activities	CCBHC criteria met?	Brief description	CCBHC criteria met?	Brief description	CCBHC criteria met?	Brief description
3.b.3	If a CCBHC is establishing a health IT system, it must have the capacity to: • Capture consumer demographic information • Capture problem lists • Capture medication lists • Meet the requirements of criteria 3.b.1 • Send and receive the full common data set for all summary of care records • Be certified to support transitions of care, privacy,	Demonstrate that the CCBHC's health IT system meets the required elements.	No	BHH providers are not required to meet these health IT requirements as a condition of certification.	No	MH-TCM providers are not required to meet these health IT requirements.	No	SUD tx coordination providers are not required to meet these health IT requirements.

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	Care coordination criteria	Required activities	CCBHC criteria met?	Brief description	CCBHC criteria met?	Brief description	CCBHC criteria met?	Brief description
	and security under 45 CFR §170.314(a)(14)							
3.b.4	CCBHC must ensure that DCO complies with HIPAA and 42 CFR Part 2	CCBHC must demonstrate through contract with DCO that DCO must comply with HIPAA and 42 CFR Part 2	No	BHH providers are not required to establish formal DCO agreements.	No	MH-TCM providers are not required to establish formal DCO requirements.	No	SUD tx coordination providers are not required to establish formal DCO requirements.
3.b.5	CCBHC must develop a plan to be produced within the two-year demonstration time frame to improve care coordination between the CCBHC and all DCOs using a health IT system.	CCBHC must demonstrate activities undertaken with its DCOs to improve care coordination (including transition of care) using its health IT system.	No	BHH providers are not required to meet these health IT requirements as a condition of certification.	No	MH-TCM providers are not required to meet these health IT requirements.	No	SUD tx coordination providers are not required to meet these health IT requirements.
3.c.1 3.c.3 3.c.4	Implement care coordination agreements with	CCBHCs must establish formal care coordination	No	BHH certification encourages	No	MH-TCM does not require the use of a	No	SUD tx coordination does not

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	Care coordination criteria	Required activities	CCBHC criteria met?	Brief description	CCBHC criteria met?	Brief description	CCBHC criteria met?	Brief description
	the following entities: • FQHC • RHC • FQHC-look alike • Social service agencies serving CCBHC consumers • Department of Veteran's Affairs (medical centers, clinics, or other facilities)	agreements or memorandums of understanding (MOU) that establish expectations for care coordination between the CCBHC and the listed entities. If the CCBHC is unable to establish a formal care coordination agreement or MOU, the CCBHC must provide justification to DHS and ensure that a contingency plan is in place to ensure coordination of care.		but does not require the use of a care coordination agreement.		care coordination agreement.		require the use of a care coordination agreement.

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	Care coordination criteria	Required activities	CCBHC criteria met?	Brief description	CCBHC criteria met?	Brief description	CCBHC criteria met?	Brief description
3.c.2	Implement care coordination agreements with providers of the following services: • Inpatient psychiatric treatment • Ambulatory and medical detoxification and step-down service • Residential treatment	CCBHCs must have a care coordination agreement that includes the following: • Protocol for notifying the CCBHC of admission; • Protocol for notifying the CCBHC of discharge with sufficient time to develop transition plan that ensures transfer of medical records, transfer of prescriptions,	No	BHH certification encourages but does not require the use of a care coordination agreement or a memorandum of understanding.	No	MH-TCM does not require the use of a care coordination agreement or memorandum of understanding.	No	SUD tx coordination does not require the use of a care coordination agreement or memorandum of understanding.

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		and plan for active follow-up by the CCBHC team.						
3.c.5	Implement care coordination agreements with area: • acute-care hospitals • emergency departments • urgent care centers • residential crisis settings • medical detoxification inpatient facilities • ambulatory detoxification providers	CCBHCs must have a formal care coordination agreement or MOU in place with the entities listed in criteria 3.c.5. If the CCBHC is not able to establish a formal agreement or MOU, the CCBHC must provide justification to Minnesota DHS and establish contingency plans to ensure that these activities occur.	No	BHH certification standard 6.D., 7.G., 10.C. requires BHH providers to share information with MCOs, and to make efforts to collaborate with area hospitals on care coordination.	No	MH-TCM does not require the use of care coordination agreements.	No	SUD tx coordination does not require the use of care coordination agreements.

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	Care coordination criteria	Required activities	CCBHC criteria met?	Brief description	CCBHC criteria met?	Brief description	CCBHC criteria met?	Brief description
	These agreements require the CCBHC to make reasonable attempts to contact all CCBHC consumers within 24-hours of discharge.							
		The care coordination agreement with the facilities listed in 3.c.5 must include processes to notify the CCBHC if a consumer is admitted.	No	BHH providers must perform comprehensive transitional care activities but are not required to meet a 24-hour post-discharge contact requirement.	No	MH-TCM requires transition planning but are not required to meet a 24-hour post-discharge contact requirement.	No	SUD tx coordination does not require discharge planning from other facilities.
		The care coordination agreement with the facilities listed in 3.c.5 must include	No	BHH providers must perform comprehensive transitional care activities but are not	No	MH-TCM requires transition planning but are not required to meet a 24-hour post-discharge	No	SUD tx coordination does not require discharge from other

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	Care coordination criteria	Required activities	CCBHC criteria met?	Brief description	CCBHC criteria met?	Brief description	CCBHC criteria met?	Brief description
		processes to notify the CCBHC when a consumer is discharged.		required to meet a 24-hour post-discharge contact requirement.		contact requirement.		facilities planning
		The CCBHC must identify staff resource and policies and procedures that allow CCBHC to follow-up within 24 hours with consumer to provide support to ensure successful transition to community, including transfer of medical records and prescriptions and active follow-up.	No	BHH certification standard 10 requires the BHH provider to carry out activities related to comprehensive transitional care, however there is no requirement to contact consumer within 24-hours of discharge.	No	MH-TCM requires transition planning but are not required to meet a 24-hour post-discharge contact requirement.	No	SUD tx coordination does not require discharge from other facilities planning

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3.d.1 3.d.2	CCBHC treatment team consists of the consumer, family/caregiver, and identified supports. All treatment planning and care coordination must be person-centered and family-centered and comply with all federal and state privacy requirements.	The CCBHC must provide an organizational chart that demonstrates the availability of a multi-disciplinary team to provide treatment and care coordination to the individual.	Yes	BHH Certification Standards 3B and 3C require a multi-disciplinary team-based model to ensure all six BHH services can be provided.	No	MH-TCM does not require an inter-disciplinary treatment team.	No	SUD tx coordination does not require an inter-disciplinary treatment team.