CCBHC

Standards

Section 3: State Certification Guide: Care Coordination

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CASAT

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10,000 foot view

Section 3: Care Coordination

- 3.A. GENERAL REQUIREMENTS OF CARE COORDINATION
- 3.B. CARE COORDINATION AND OTHER HEALTH INFORMATION SYSTEMS
- 3.C. CARE COORDINATION AGREEMENTS
- 3.D. TREATMENT TEAM, TREATMENT PLANNING AND CARE COORDINATION

Criteria 3.A: General Requirements of Care Coordination

3.a.1

A. Does the clinic coordinate care for consumers who require care from physical health care (acute and chronic) providers and behavioral health care providers?

B. As appropriate, does the clinic coordinate and provide access to social services for clinic consumers?

Criteria 3.A: General Requirements of Care Coordination

C. As appropriate, does the clinic coordinate and provide access to housing-related services for clinic consumers?

D. As appropriate, does the clinic coordinate and provide access to educational systems and services for clinic consumers?

E. As appropriate, does the clinic coordinate and provide access to employment-related services for clinic consumers?

F. If veterans are served, does care coordination satisfy the requirements of criteria 4.K?

Criteria 3.A: General Requirements of Care Coordination

G. Do care coordination arrangements meet the consumer needs identified in the state's preliminary needs assessment?

3.a.2.

A. Does the clinic maintain the necessary documentation to satisfy the requirements of HIPAA?

B. Does the clinic maintain the necessary documentation to satisfy the requirements of 42 CFR Part 2 (Confidentiality of Alcohol and Drug Abuse Patient Records)?

Criteria 3.A: General Requirements of Care Coordination

C. Does the clinic maintain the necessary documentation to satisfy privacy and confidentiality requirements specific to the care of minors?

D. Does the clinic ensure that consumer preferences for sharing their information with families and others, and those of families of children and youth who are consumers, is properly documented in clinical records?

E. Does the clinic obtain necessary consents for the release of information needed in all care coordination relationships?

Criteria 3.A: General Requirements of Care Coordination

3.a.3

A. As needed and consistent with consumer preference, how does the clinic assist consumers (and families of children and youth who are consumers) who are referred to external providers or resources in obtaining an appointment(s)?

B. As needed and consistent with consumer preferences, is there documentation that the clinic follows up with external providers to confirm whether clinic consumers' appointments were kept or rescheduled?

Criteria 3.A: General Requirements of Care Coordination

3.a.4.

A. How does the clinic ensure that coordination activities are carried out in keeping with the consumer's preferences and needs for care?

B. Does the clinic develop a crisis plan with each consumer? If a consumer declines to participate in crisis planning, is that decision documented and periodically re-addressed?

Criteria 3.A: General Requirements of Care Coordination

- 3.a.5.

A. Are **procedures** in place to help ensure that, with appropriate consumer consents to release information, clinic providers and other providers who prescribe medications are aware of all medications prescribed? Are pharmaceutical monitoring systems, if available, being utilized?

Criteria 3.A: General Requirements of Care Coordination

3.a.6.

A. Does the clinic have agreements regarding care coordination with other providers?

B. Does the clinic agreement for care coordination allow for consumers to choose their providers within the clinic or its **DCO**s?

Criteria 3.B: Care Coordination and other Health Information Systems

3.b.1.

A. Does the clinic have a health IT system that includes electronic health records?

B. Does the clinic health IT system capture structured information such as consumer demographic information, diagnoses, and medication lists?

C. Does the clinic health IT system provide clinical decision support?

Criteria 3.B: Care Coordination and other Health Information Systems

D. Is the clinic health IT system electronically transmitting prescriptions to the pharmacy?

E. Is there evidence that the clinic is using its health IT system to report data and quality measures?

Criteria 3.B: Care Coordination and other Health Information Systems

3.b.2

A. Does the clinic use its health IT system for the purposes of population health management?

B. Does the clinic use its health IT system as a part of quality improvement activities?

C. Does the clinic use its health IT system as part of its efforts to reduce disparities?

Criteria 3.B: Care Coordination and other Health Information Systems

D. Does the clinic use its health IT system to conduct research and outreach?

3.b.3.

A. If the clinic is establishing a new health IT system, is the new system capable of capturing structured information, including demographic information, problem lists, and medication lists?

B. If the clinic is establishing a new health IT system, is the product certified to meet criteria requirements in 3.b.1?

Criteria 3.B: Care Coordination and other Health Information Systems

C. If the clinic is establishing a new health IT system, is it capable of sending and receiving the full common data set for all summary of care records and be certified to support capabilities, including transitions of care, privacy, and security?

D. If the clinic is establishing a new health IT system, is it certified to meet the "Patient List Creation" criterion (45 CFR §170.314(a)(14)) established by the Office of the National Coordinator (ONC) for the ONC Health IT Certification Program?

Criteria 3.B: Care Coordination and other Health Information Systems

3.b.4.

A. Do the clinic agreements with **DCO**s require that all steps be taken, including obtaining consumer consent, to comply with privacy and confidentiality requirements, including but not limited to those of HIPAA (Pub. L. No. 104-191, 110 Stat. 1936 the care of minors. (1996)), 42 CFR Part 2, and other federal and state laws, including patient privacy requirements specific to the care of minors?

Criteria 3.B: Care Coordination and other Health Information Systems

3.b.5.

A. Does the clinic have a plan (to be produced within the 2-year demonstration program time frame) to improve care coordination between the clinic and all **DCO**s using a health IT system?

Criteria 3.B: Care Coordination and other Health Information Systems

B. Does the clinic plan include information on how the clinic can use the health IT system they have in place or are implementing for transitions of care to support electronic health information exchange to improve care transition to and from the clinic?

3. C: Care Coordination Agreements

3.c.1.

A. Does the clinic have in place agreements (as defined in the criteria) with geographically proximate FQHCs and, as applicable RHCs, to coordinate the provision of health care, to the extent that the health care services are not provided directly through the clinic?

B. Does the clinic have in place **policies**, procedures, or protocols to ensure adequate care coordination for consumers who are served by other primary care providers, including but not limited to s, HRSA- funded Health Centers, Health Center Program Look-alikes and private providers?

3. C: Care Coordination Agreements

C. If agreements cannot be established, what is the clinic's justification for lack of agreement?

D. If agreements cannot be established, does the clinic have a contingency plan for ensuring coordination of primary care services for consumers?

E. Is there evidence that the clinic has begun and is continuing to work toward establishing formal contracts with these care coordination entities to the extent that such contracts have not been established?

3. C: Care Coordination Agreements

3.c.2.

A. Does the clinic have agreements (as defined in the criteria) establishing care coordination expectations with programs that can provide clinic consumers with inpatient psychiatric treatment, inpatient treatment with ambulatory and medical detoxification, post-detoxification step-down services, and residential programming needs?

3. C: Care Coordination Agreements

B. Is the clinic able to track when consumers are admitted to and discharged from facilities providing inpatient psychiatric treatment, inpatient treatment with ambulatory and medical detoxification, post- detoxification step-down services, and residential programming?

C. Does the clinic have established protocols and **procedures** for transitioning individuals from emergency department, inpatient psychiatric, detoxification, and residential settings to a safe community setting?

3. C: Care Coordination Agreements

D. Do clinic protocols and **procedures** provide for transfer of medical records of services received (e.g., prescriptions), active follow-up after discharge, and, as appropriate, a plan for suicide prevention and safety, and provision for peer services?

E. If agreements cannot be established, what is the clinic justification for lack of agreement?

F. If agreements cannot be established, does the clinic have a sufficient contingency plan for provision of services or are further efforts required?

3. C: Care Coordination Agreements

3.c.3.

A. Does the clinic have agreements (as defined in the criteria) establishing care coordination expectations with a variety of community or regional services, supports, and providers?

B. Does the clinic have agreements establishing care coordination expectations with local schools?

C. Does the clinic have agreements establishing care coordination expectations with local child welfare agencies?

3. C: Care Coordination Agreements

D. Does the clinic have agreements establishing care coordination expectations with local juvenile and criminal justice agencies and facilities (including drug, mental health, veterans, and other specialty courts)?

E. Does the clinic have agreements establishing care coordination expectations with local Indian Health Services youth regional treatment centers?

F. Does the clinic have agreements establishing care coordination expectations with local state licensed and nationally accredited child placement agencies for therapeutic foster care services?

3. C: Care Coordination Agreements

G. With which other social and human services agencies does the clinic have agreements establishing care coordination expectations?

H. As necessary, with which additional community or regional services, supports, and providers does the clinic have an agreement?

I. Are care coordination agreements established with all necessary community or regional services, supports, and providers, as identified by the needs assessment and/or indicated by the state?

3. C: Care Coordination Agreements

J. If agreements cannot be established, what is the clinic justification for lack of agreement?

K. If agreements cannot be established, does the clinic have a sufficient contingency plan for provision of services or are further efforts required?

3. C: Care Coordination Agreements

3.c.4.

A. Does the clinic have agreements (as defined in the criteria) establishing care coordination expectations with the nearest Department of Veterans Affairs medical center, independent clinic, drop-in center, and/or other facility of the Department?

B. If agreements cannot be established, what is the clinic justification for lack of agreement?

C. If agreements cannot be established, does the clinic have a sufficient contingency plan for provision of services or are further efforts required?

3. C: Care Coordination Agreements

3.c.5.

A. Does the clinic have agreements (as defined in the criteria) establishing care coordination expectations with inpatient acute-care hospitals, including emergency departments, hospital outpatient clinics, urgent care centers, residential crisis settings, medical detoxification inpatient facilities, and ambulatory detoxification providers?

3. C: Care Coordination Agreements

B. Does the agreement include provisions to help transition individuals from the emergency department or hospital to clinic care?

C. Does the agreement include **procedures** that will reduce the time between assessment and treatment?

D. Does the agreement allow for tracking by the clinic of when clinic consumers are admitted and discharged?

E. Does the agreement provide for transfer of medical records of services received by the consumer?

3. C: Care Coordination Agreements

F. Does the clinic make and document reasonable attempts to contact all clinic consumers who are discharged from these settings within 24 hours of discharge?

G. Does the clinic have **policies** or procedures that are designed to reduce suicide risk in place for individuals who are admitted to these facilities as a potential suicide risk?

3. C: Care Coordination Agreements

H. If agreements cannot be established, what is the clinic justification for lack of agreement?

I. If agreements cannot be established, does the clinic have a sufficient contingency plan for provision of services or are further efforts required?

Criteria 3.D: Treatment Team, Treatment Planning and Care Coordination Activities

3.d.1

A. Do the clinic **policies** and procedures define the treatment team as including the consumer, the family/caregiver of child consumers, the adult consumer's family to the extent that the consumer does not object, and any other person the consumer chooses?

B. Do the clinic **policies** and procedures include provision that all treatment planning and care coordination be person centered and family centered and aligned with the requirements of Section 2402(a) of the Affordable Care Act?

Criteria 3.D: Treatment Team, Treatment Planning and Care Coordination Activities

C. Do all treatment planning and care coordination activities conform to the requirements of HIPAA, 42 CFR Part 2, and other federal and state laws, including patient privacy requirements specific to the care of minors?

Criteria 3.D: Treatment Team, Treatment Planning and Care Coordination Activities

3.d.2.

A. As appropriate for the individual's needs, does the clinic designate an interdisciplinary treatment team that is responsible, with the consumer or family/caregiver, for directing, coordinating, and managing care and services for the consumer?

B. What criteria do the clinic use to determine whether an interdisciplinary treatment team is needed for individual consumers?

Criteria 3.D: Treatment Team, Treatment Planning and Care Coordination Activities

- C. To the extent that the state has established criteria for the use of an interdisciplinary treatment team, are those criteria satisfied?
- D. Where appropriate, are traditional approaches to care for consumers who may be American Indian or Alaska Native included within treatment planning?

Criteria 3.D: Treatment Team, Treatment Planning and Care Coordination Activities

3.d.3.

A. What processes or **procedures** are in place to help the clinic coordinate care and services provided by **DCO**s in accordance with the current treatment plan?

Questions?

Thank you for participating!

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