



## CCBHCs and DCOs

Certified Community Behavioral Health Clinics (CCBHCs) may partner with Designated Collaborating Organizations (DCOs) to deliver certain required services, allowing CCBHCs to expand capacity while maintaining full responsibility for care quality, coordination, and compliance. CCBHC's are allowed to provide a portion of the nine core services, such as mobile crisis services or primary care screening services, through a DCO. A DCO is an entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC to deliver one or more (or elements of) the required services. DCOs may perform up to, but not exceed, 49% of the yearly encounters for each agreed CCBHC service. DCOs providing core services on behalf of the CCBHC must meet the same quality standards as those provided by the CCBHC.

### KEY ASPECTS OF A DCO RELATIONSHIP

- **Formal contract required.** The relationship between the CCBHC and DCO is defined through a formal contractual agreement between the two organizations, describing roles, responsibilities, and compensation for services.
- **Overall responsibility for the client's care remains with the CCBHC.** Even though a DCO delivers the service, the CCBHC retains overall clinical and administrative responsibility for the person's care.
- **CCBHC service quality standards apply.** Services delivered by a DCO must meet the same quality, timeliness, and scope-of-service standards a CCBHC would have to meet if providing the service directly.
- **CCBHC retains billing/financial responsibility.** The CCBHC bills for the DCO-delivered service (using the PPS rate) and reimburses the DCO per the contractual agreement. The DCO does not bill separately for the CCBHC-required service.
- **PPS rate is not equivalent to DCO reimbursement.** The reimbursement agreed to for DCO services are included in the CCBHC's cost report that determines the PPS rate. However, the reimbursement rate from the CCBHC to the DCO may be lower and higher than the PPS rate.



- **Data sharing and integration.** The agreement needs to specify how clinical information flows back to the CCBHC. This is required for two main reasons:
  - **Client care.** To ensure the client’s treatment plan is integrated and up-to-date
  - **Data reporting.** For the CCBHC to report the required quality measures
- **Oversight/monitoring.** The CCBHC is expected to monitor DCO performance (quality, credentialing, compliance) as part of its own certification obligations.

## **LINKS TO NATIONAL COUNCIL TA RESOURCES**

- [CCBHC Crisis Services](#)
- [CCBHC DCO FAQs](#)
- [CCBHC Care Coordination Toolkit](#)
- [CCBHCs and the Prospective Payment System](#)