



Hello and Welcome to the Acentra Health Certified Behavioral Health Clinic (CCBHC) provider training.

This video has been created to provide a general overview on how to submit a CCBHC request in Atrezzo. The guidance presented in this training is meant to give a basic understanding and overview of the submission process.

Agenda

INTRODUCTION

PROCEDURE CODES

ATREZZO SUBMISSION

**HOLD FOR SERVICE
PROCESS FOR ADULTS**

**FREQUENTLY ASKED
QUESTIONS**



PART ONE

Introduction



We will start with an introduction to CCBHC's.

What is CCBHC?

- Certified Community Behavioral Health Clinics (CCBHCs) are behavioral health organizations designed to provide comprehensive and coordinated behavioral health services. CCBHCs focus on improving access to care for mental health and substance use disorders while ensuring services are available to anyone in need regardless of their ability to pay, where they live, or their age.
- CCBHCs must:
 - Provide a range of services to get people into care quickly
 - Have crisis services available 24/7
 - Offer comprehensive behavioral health services to prevent clients from needing to piece together care across providers.
 - Offer care coordination across behavioral health, physical health, social services and related systems.



Maine Implementation of CCBHC

As a part of the Federal CCBHC Medicaid Demonstration program, the Maine Department of Health and Human Services (DHHS) has designed a state certification process to approve provider organizations to deliver CCBHC services. Information about included CCBHC services and the certification process can be found at:

<https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/ccbhc>

Acentra Health serves as the behavioral health system contractor to capture, share, and report data for CCBHC within the Atrezzo system. Upon implementation of the Maine Demonstration, CCBHC providers will submit Registrations and Continued Stay Reviews via the Atrezzo portal for members enrolled in CCBHC services.



PART TWO

CCHBC Procedure Codes



In part two, we will review the CCBHC procedure codes.

CCBHC Procedure Codes

CCBHC Procedure Code	CCBHC Encounter
90791	Initial Assessment
90792	Comprehensive Assessment
99367	Individualized Treatment Plan
99366	Care Team Meetings with Client and/or Caregiver
99495	Transitional Care Services
90832	Outpatient Clinical Services: Individual and Family Therapy, Mental Health
H0022	Outpatient Clinical Services: Individual and Family Therapy, Substance Use
H0022HH	Outpatient Clinical Services: Individual and Family Therapy, Co-Occurring
90853	Outpatient Clinical Services: Co-Occurring Capable Group Therapy
H0034	Medication Management, Psychiatric
H00034HF	Medication Management, Substance Use
99402	Health Promotion

CCBHC Procedure Code	CCBHC Encounter
T2023	Case Management
T2023HE	Case Management, Adults with SMI
T2023HK	Case Management, High Fidelity Wraparound
T2023HA	Case Management, Children with SED
H2024	Individual Placement and Support – Supported Employment (IPS SE)
H0038HQ	Peer-Led Support and Recovery Groups
H0023	Recovery Coaching
H0038	Peer Support for Adults
H0038HS	Peer Support for Family
H0038TJ	Peer Support for Youth
90839	Walk-in Encounters for Crisis Response
H0007	Ambulatory Withdrawal Management
H2031	Clubhouse



This is part one of the CCBHC procedure codes

CCBHC Procedure Codes Continued

CCBHC Procedure Code	CCBHC Encounter
99605	Pharmacy Consultation
99447	Interprofessional Psychiatric Consultation
H0039	Assertive Community Treatment, Adult
H0037	Assertive Community Treatment, Child
H0022HF	Intensive Outpatient Therapy (IOP) Substance Use
H0022HE	IOP Mental Health
H0022HI	IOP Dev. Disabilities/Behavioral Health
H0022HC	IOP Geriatric
H0022HK	IOP Dialectical Behavior Therapy
H0022HT	IOP Eating Disorder, Level 1
H0022HTAT	IOP Eating Disorder, Level 2
H2022	Multisystemic Therapy (MST)
H2022Q2	Multisystemic Therapy for Problem Sexualized Behaviors (MST-PSB)
H2022HK	Family Functional Therapy (FFT)
H0046	Home, Community, or School Youth services, Not Otherwise Specified
H2016	Community Rehabilitation Services
H2041	Coordinated Specialty Care

8



And this is part two of the procedure codes. The ASO CCBHC Service Grid can also be found on our website by visiting <https://me.acentra.com/training/> and selecting the Manual and Forms section.

PART THREE

Atrezzo Submission



In part three, we will review the CCBHC submission process in Atrezzo.

Accessing Atrezzo

Visit www.qualitycareforme.com to access the Atrezzo portal



10



To access the Atrezzo portal, go to our informational website; www.qualitycareforme.com and click on the Atrezzo login button

Accessing Login

Acentra
H E A L T H

LOGIN OPTIONS

Acentra Health Employees
Use this login button if you have a Acentra Health domain account.

LOGIN

Remember Me

Customer/Provider
Use this login button if you are a customer or provider user.

LOGIN WITH PHONE

LOGIN WITH EMAIL

Remember Me

If you don't already have a Acentra Health account, you can [register here](#).

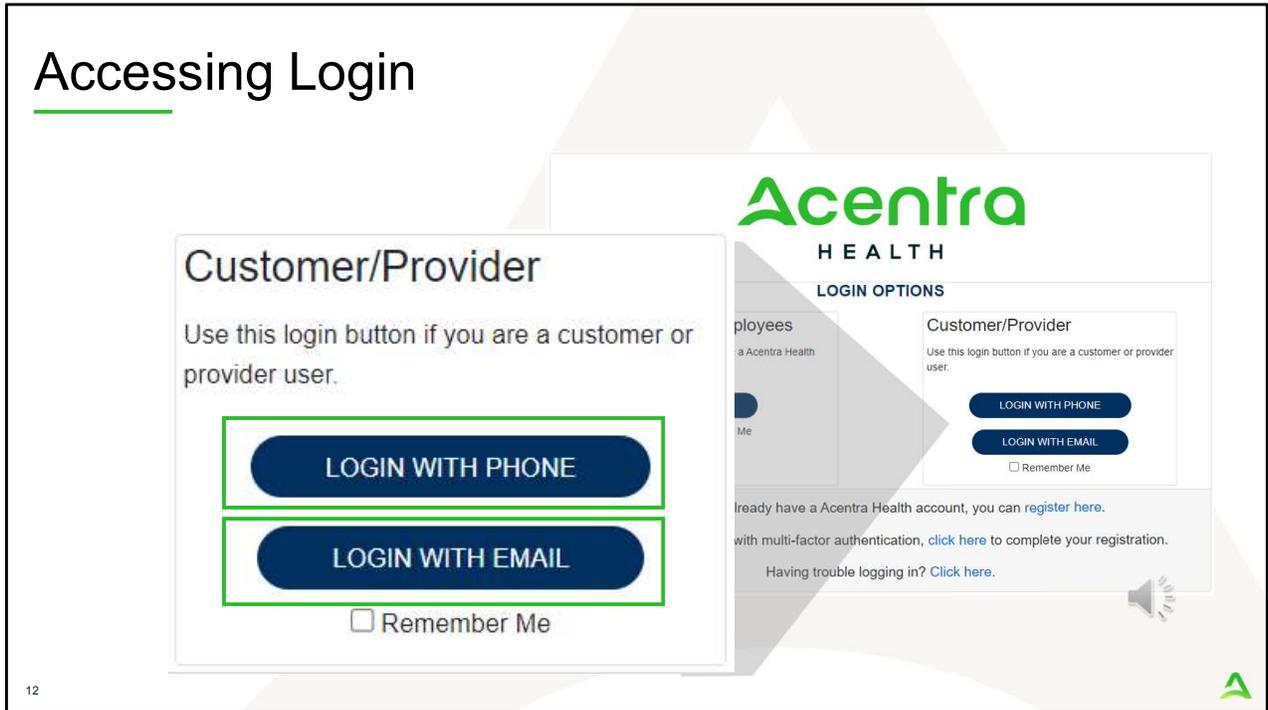
If this is your first login with multi-factor authentication, [click here](#) to complete your registration.

Having trouble logging in? [Click here](#).

11

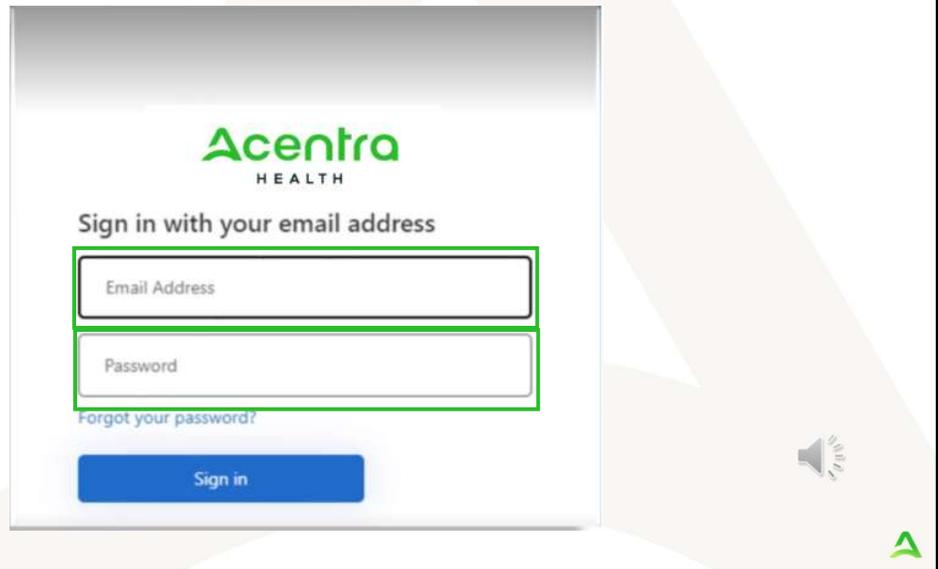
The Atrezzo system uses a Multi-Factor Authentication (MFA) login process. Each user who currently has an Acentra Health login, will click here, if this is your first with multi-factor authentication (MFA) to complete your registration.

Accessing Login



When you arrive to the login screen, you will use the Customer/Provider login. Here you will choose Login with Phone or Login with email depending on how your registered for the multi-factor authentication. Please note, if you chose to register with phone and you do not currently have your phone you can still login with email. If you click remember me, the system will remember your login for four hours. Please do not use the remember me feature on a shared device. In this demonstration, we will click Login with phone because that is how we registered our multi-factor authentication.

Accessing Login

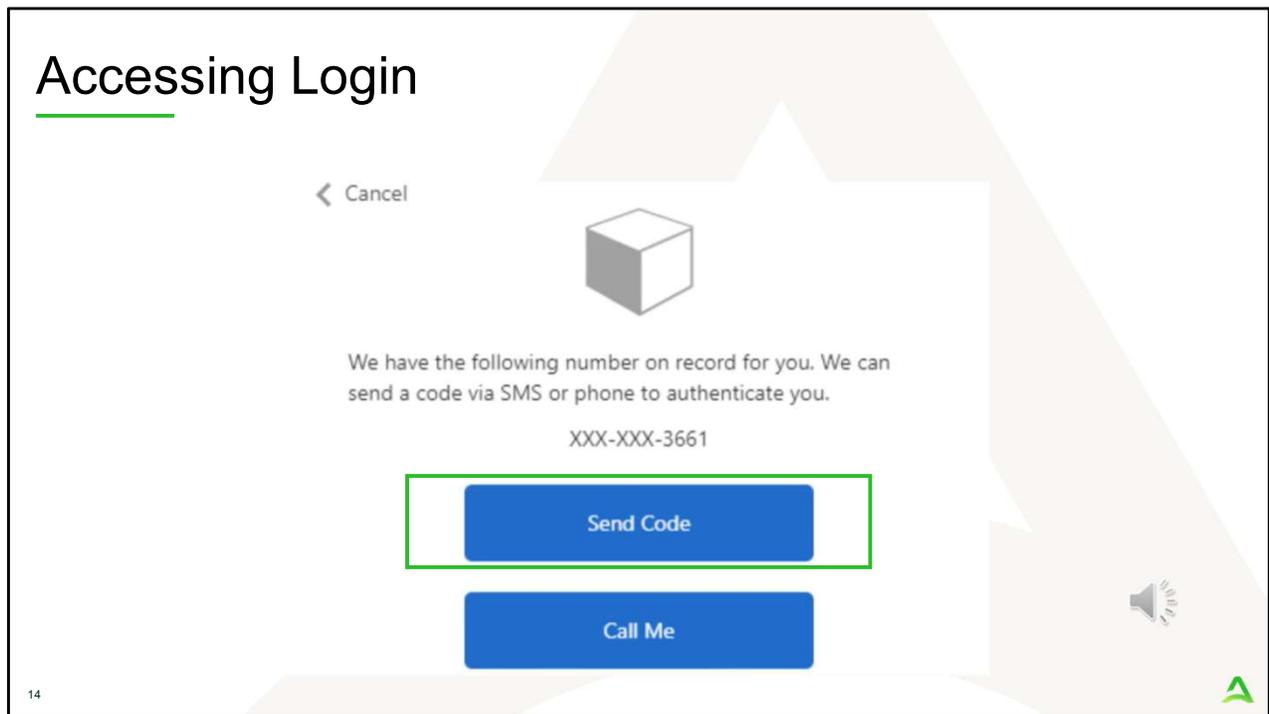


The image shows a login form for Acentra Health. At the top, the Acentra Health logo is displayed in green. Below the logo, the text "Sign in with your email address" is centered. There are two input fields: "Email Address" and "Password", both of which are highlighted with a green border. Below the "Password" field is a link that says "Forgot your password?". At the bottom of the form is a blue button labeled "Sign in". To the right of the form, there is a speaker icon and a small green 'A' logo in the bottom right corner of the slide.

13

To sign in, you will enter your email and password then click Sign in.

Accessing Login



Next, you will choose how you want to receive your verification code. You can click send code or call me. Send code will send a SMS text to your cell phone with your verification code. Call me will prompt a phone call to your phone where you will press a specific digit. In this example, we will chose send code.

Accessing Login

< Cancel



We have the following number on record for you. We can send a code via SMS or phone to authenticate you.

XXX-XXX-3661

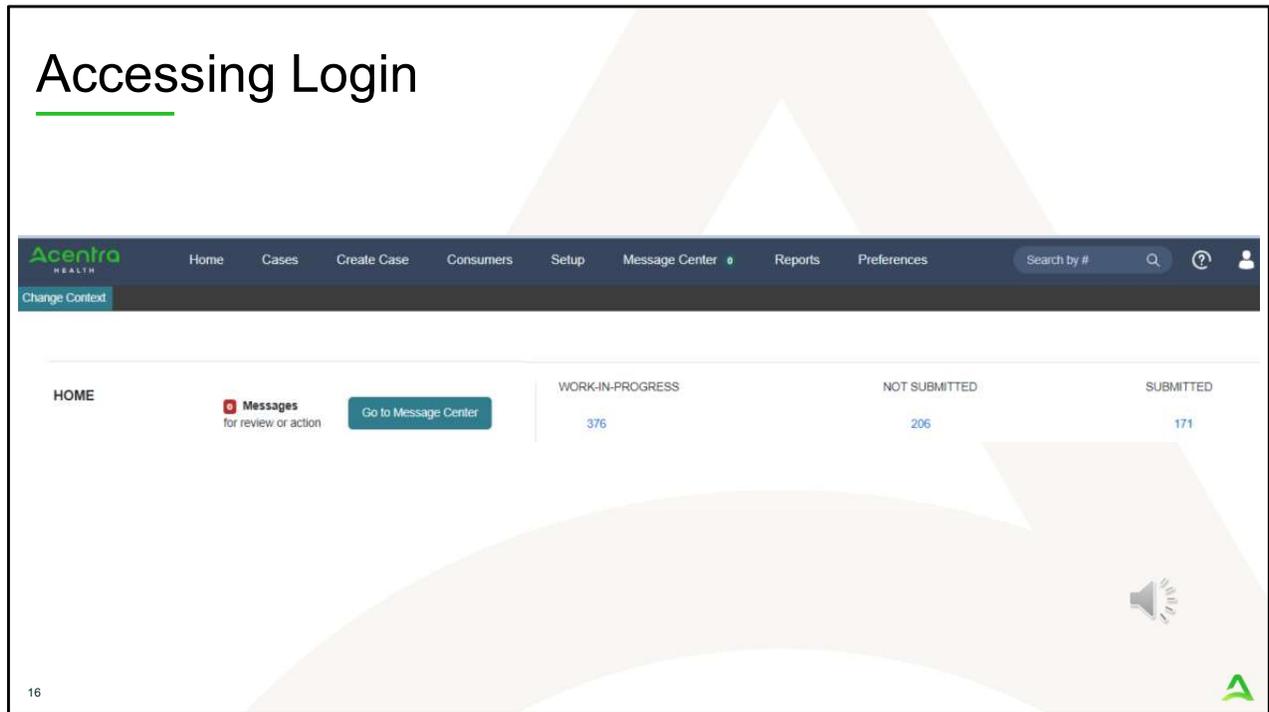
Enter your verification code below, or [send a new code](#)



15

Enter in your verification code.

Accessing Login



The system will automatically verify your account, and you will be logged into the home screen.

Creating the Request



To create a new request, click on the create case tab.

Step 1 – Case Parameters

The screenshot shows the Acentra Health interface for creating a new UM case. The navigation bar includes Home, Cases, Create Case, Consumers, Setup, and Message Center. The main content area is titled 'New UM Case' and shows 'Maine ASO' as the 'Requesting Provider' and 'Outpatient' as the 'Request Type'. The 'Case Parameters' section is active, with 'Case Type' set to 'UM' (1), 'Case Contract' set to 'Maine ASO' (2), and 'Request Type' set to 'Outpatient' (3). A 'Go To Consumer Information' button (4) is located at the bottom right. A 'Cancel' button is also present.

Step 1 – Case Parameters:

1. Select UM for **Case Type**
2. Select Maine ASO for **Case Contract**
3. Select Outpatient for the **Request Type**
4. Click **Go to Consumer Information**. Note: Go to Consumer will remain grayed out until all required fields are completed.

Step 2 – Consumer Information

The screenshot shows the 'New UM Case' form in the Acentra Health system. The 'Consumer Information' step is active. The form includes the following fields and elements:

- Consumer ID:** 00000001A (marked with a green circle 1)
- Last Name:** (empty)
- First Name (MIN 1ST LETTER):** (empty)
- Date of Birth:** MM/DD/YYYY (with a calendar icon)
- Search Button:** (marked with a green circle 2)
- Search Results Table:**

Name	DOB	Address	Consumer ID	Contract	Case Count	Action
Test Member 1	01/01/1960	123 St Anywhere, ME	00000001A	Maine DHHS	45	Choose (marked with a green circle 3)

Additional elements include a 'Cancel' button, a 'Search' button, and a 'Choose' button. The table shows one result for 'Test Member 1' with a case count of 45. A 'Choose' button is next to the result. The page also includes a 'Showing 10 of 1' indicator and a 'Previous Page' button.

19



Step 2 – Consumer Information

1. In the **Consumer ID** box enter the Member's MaineCare number. You may also search for the Member by using their last name and Date of Birth. Please note, if your member does not currently have MaineCare, you will not be able to submit a CCBHC request for them.
2. Click **Search**.
3. Review the search results. If the correct member match is found, click **Choose**.

Step 2 – Consumer Information

20

Step 2 – Consumer Information

1. If there have been previous submissions for this member under your agency, those will display here. Click on Create Case. Otherwise, if this is the first case that is being created for this member under your agency, you will not have this page and you will be immediately brought to step 3.

Step 3 – Additional Providers

The screenshot displays the Acentra Health web application interface. At the top, there is a navigation bar with options: Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. A search bar is located on the right. Below the navigation bar, the current case context is shown: 'Change Context: PINES HEALTH SERVICES, Maine DHHS'. The main content area is titled 'Additional Providers/ Provider/Facility'. It features a table of 'Selected Providers' with columns for Provider Type, Name, Medicaid ID, Specialty, NPI, Address, County, Phone, Fax, and Action. Two rows are visible: one for a 'Requesting' provider and one for a 'Servicing' provider, both for 'PINES HEALTH SERVICES'. The 'Servicing' row has an 'Update' button highlighted with a green circle. Below the table, there are buttons for 'Add a Note', 'Cancel', and 'Go to Service Details'. A small speaker icon is visible in the bottom right corner of the screenshot area.

Provider Type	Name	Medicaid ID	Specialty	NPI	Address	County	Phone	Fax	Action
Requesting	PINES HEALTH SERVICES	PMP0000023088520	No Specialty Required	1922449834	1260 MAIN ST., WADE, ME US 04786	Aroostook	(207) 498-1164	(123) 456-7890	
Servicing	PINES HEALTH SERVICES	PMP0000023088520	No Specialty Required	1922449834	1260 MAIN ST., WADE, ME US 04786	Aroostook	(207) 498-1164		1 Update Remove

Step 3 – Additional Providers

1. The Requesting and Servicing providers will automatically be indicated based on the NPI number your login is associated with. On the Servicing line, click Update. You will need to specify the CCBHC location at this step.

Step 3 – Additional Providers

Search Servicing Provider

PROVIDER TYPE *
 Facility Provider 1

FACILITY NAME NPI
1629393327 2

COUNTRY
(Select One)

STATE/PROVINCE
Select One Search 3

Search Results

Name ▲	Type ⇅	Specialty ⇅	NPI ⇅	Medicaid ID ⇅	Address ⇅	Country ⇅	County ⇅	Action
PINES HEALTH SERVICES	Facility-Agency-Organization NR Provider	No Specialty Required	1629393327	PMP0000023088580	4 MAIN ST , VAN BUREN, ME US 04785	US	Aroostook	Choose
ST JOHN VALLEY-001	Community Provider	Federally Qualified Health Center (FQHC)	1629393327	PMP0000023088591	4 MAIN ST , VAN BUREN, ME US 04785	US	Aroo 4	Choose

Showing 10 of 2 Previous Page 1 of 1 Next

22



Step 3 – Additional Providers

1. A Search Servicing Provider window will appear. Under Provider Type, select Facility.
2. Enter in your agency's NPI number
3. Click Search
4. All service locations matching the NPI number will appear. When you have found the correct CCBHC location, click on choose.

Step 3 – Additional Providers

The screenshot shows the Acentra Health interface for a case titled 'PINES HEALTH SERVICES, Maine DHHS'. The user is on the 'Additional Providers' step (Step 3) of a 10-step process. The 'Service Details' tab is selected, showing a table of providers. The 'ST JOHN VALLEY-001' provider is highlighted with a green box. Below the table, there is a 'Go to Service Details' button and a speaker icon.

Provider Type	Name	Medicaid ID	Specialty	NPI	Address	County	Phone	Fax	Action
Requesting	PINES HEALTH SERVICES	PMP0000023088520	No Specialty Required	1922449834	1260 MAIN ST , WADE, ME US 04786	Aroostook	(207) 498-1164	(123) 456-7890	
Servicing	ST JOHN VALLEY-001	PMP0000023088591	Federally Qualified Health Center (FQHC)	1629393327	4 MAIN ST , VAN BUREN, ME US 04785	Aroostook	(207) 868-2796		Update Remove

Step 3 – Additional Providers

1. After you have selected the NPI +3 for you CCBHC location, you will notice the servicing provider line has now been updated. Click on Got to Service Details.

Step 4 – Service Details

The screenshot shows the Acentra Health interface for a 'New UM Case'. The user is currently on the 'Service Details' step (Step 4) of a process that includes Consumer Information, Additional Providers, Service Details, Diagnoses, Requests, Questionnaires, and Attachments. The 'Service Details' section is titled 'Enter Service Details' and contains two dropdown menus: 'Place Of Service' and 'Service Type'. The 'Service Type' dropdown is open, showing a list of options: '100 - Baxter Fund Services', '115 - CCBHC' (which is highlighted), '130 - Section 13 Targeted Case Management', '140 - Section 17 Community Support Services - Adults', and '160 - Section 21 Rehab for Adults w/'. A green circle with the number '1' is positioned next to the 'Service Type' dropdown. To the right of the dropdown, there is a 'Go to Diagnoses' button with a green circle with the number '2' next to it. Other buttons visible include 'Add a Note' and 'Cancel'. The top navigation bar includes 'Home', 'Cases', 'Create Case', 'Consumers', 'Setup', 'Message Center', 'Reports', and 'Preferences'. The top left corner shows the Acentra Health logo and the text 'Change Context PINES HEALTH SERVICES, Maine DHHS'.

24



Step 4 – Service Details:

1. In the service type box, select CCBHC. The place of service field is not required; however, you can complete this field if you choose to.
2. Click Go to Diagnosis.

Step 5 – Diagnosis

The screenshot shows the Acentra Health web application interface. The top navigation bar includes links for Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. The main content area is titled 'New UM Case' and shows a progress indicator for steps 2 through 10. Step 5, 'Diagnoses', is currently active. Below the progress indicator, there is a 'Diagnosis/Add Diagnosis' section. This section includes a 'Code Type' dropdown set to 'ICD10', a 'Search' box containing 'f33 9', and a table of added diagnosis codes. The table has columns for Order Rank, Code, Description, Source, Created By, and Deactivate. Two codes are listed: 'F33.9 MAJOR DEPRESSIVE D/O RECURRENT UNS' and 'F41.1 GENERALIZED ANXIETY DISORDER'. A 'Go to Home' button is visible at the bottom right of the interface.

Step 5 – Diagnosis: A diagnosis code is required for every submission. If this is the first request, you may use R69 as a place holder until the Continued Stay Review, at which point the diagnosis code(s) will need to be updated.

1. In the Diagnosis **Search** box, start typing in either the diagnosis code or the description of the code. You will need to enter in at least three characters for the search feature to start finding results. Once you have found the diagnosis code, click on it to automatically add it to your request. Repeat the same search process for each additional diagnosis code.
2. If you have added more than one diagnosis code, you can rearrange the order of how the diagnosis codes appear by clicking on the diagnosis line and dragging it up or down in the list.
3. If you have added a diagnosis code in error, you may remove it by clicking on the **Remove** link. Please note: Once your request has been submitted, you will not be able to remove the diagnosis code.
4. When you have finished added the diagnosis code(s), click on **Go to**

Requests

Step 6 – Requests

The screenshot displays the Acentra Health software interface. At the top, there is a navigation bar with the Acentra Health logo and menu items: Home, Cases, Create Case, Consumers, Setup, Message Center (0), Reports, and Preferences. Below this, a breadcrumb trail shows 'Change Context' and 'PINES HEALTH SERVICES, Maine DHHS'. The main header area includes 'New UM Case', 'PINES HEALTH SERVICES', 'Maine ASO', and 'Jane Doe (F)'. A progress bar below the header shows steps 2 through 9, with Step 6 'Requests' highlighted in green. The 'Requests' section contains a 'Request Type' dropdown menu with a green '1' next to it, currently showing 'Registration'. Other fields include 'FIPS Code', 'Notification Date' (12/04/2024), and 'Notification Time' (01:13 PM). A 'Go to Procedures' button with a green '2' is visible on the right. A speaker icon is located at the bottom right of the form area.

Step 6 - Requests:

1. If this is the first request, select Registration. If it is a subsequent request, select Continued Stay Review.
2. Then click Go to Procedures

Step 6 – Requests Continued

27

Step 6 – Requests Continued:

1. In the search box begin entering in the first CCBHC code. You will need to enter in at least three characters for the search feature to start finding results. When the code appears, click on it to automatically add it to your request. There are several CCBHC codes that you will need to add at every request in addition to the specific service encounters that will be provided to the member. You will get a pop-up warning message to remind you to add these codes to the request. Those specific service codes include:
 - a. T1041Q2 – Certified Community Behavioral Health Clinic
 - b. 99366 – Care Team Meetings with Client and/or Caregiver
 - c. 99495 – Transitional Care Services
 - d. 99402 – Health Promotion
 - e. 90839 – Walk-in encounters for crisis response
 - f. 99605 – Pharmacy Consultation
 - g. 99447 – Interprofessional Psychiatric Consultation
2. Continue the search process to add all applicable CCBHC codes.

Step 6 – Requests Continued

The screenshot displays the Acentra Health web application interface. At the top, there is a navigation menu with options: Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. Below this, a breadcrumb trail shows: Change Context > PINES HEALTH SERVICES, Maine DHHS > New UM Case > PINES HEALTH SERVICES > Maine ASO > Test Member 1 (M). A progress bar indicates the current step is Step 6, 'Requests', with other steps (Step 2-5, Step 7-10) shown as completed or pending. The main content area is split into two panels. The left panel, titled 'Request 01', lists several encounter codes with their status and dates: T1041Q2 (Un-Submitted, 7/0), 99366 (Un-Submitted, N/A - N/A - 0 / 0), 99495 (Un-Submitted, N/A - N/A - 0 / 0), 99402 (Un-Submitted, N/A - N/A - 0 / 0), 90839 (Un-Submitted, N/A - N/A - 0 / 0), 99605 (Un-Submitted, N/A - N/A - 0 / 0), and 99447 (Un-Submitted, N/A - N/A - 0 / 0). The right panel, titled 'T1041Q2', shows the details for the selected code. It includes a dropdown for 'Modifier' and 'Unit Qualifier', both set to 'Select One'. The 'Requested' section contains: 'Requested Start Date' (12/01/2024), 'Requested End Date' (01/30/2025), 'Requested Duration' (60), 'Requested Quantity' (1), and 'Requested Frequency' (Select One). The 'Rates' section has a 'Requested Rate' field set to '\$'. At the bottom right of the form area, there is a 'Go to Questionnaires' button and a speaker icon. The page number '28' is visible in the bottom left corner.

Step 6 – Requests Continued:

1. Once you have added all encounter codes, you will see them displayed on the left. For each code, you will need to enter in the Requested Start Date, Requested Duration, and Requested Quantity.
2. In the Requested Start Date box, enter in the date that you are submitting the request. You will be able to submit requests 20 calendar days in advance of the submit date and 5 calendars back from the submit date.
3. In the Requested Duration box, enter 60 for Registrations or 180 for Continued Stay Reviews. This will automatically populate your end date.
4. In the Requested Quantity box, enter in 1.
5. Then click Go to Questionnaires.

Step 7 – Questionnaires Continued

The screenshot displays the Acentra Health software interface. At the top, there is a navigation bar with options: Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. Below this, a 'Change Context' bar shows 'PINES HEALTH SERVICES, Maine DHHS'. A 'New UM Case' summary is visible, including 'Requesting Provider: PINES HEALTH SERVICES', 'Maine ASO Outpatient', and 'Jane Doe (F) 11/29/1985'. A progress bar indicates steps from 2 to 11, with Step 7 'Questionnaires' currently active. Below the progress bar is a table of questionnaires:

Request	Questionnaire ID	Questionnaire Type	Questionnaire's Name	Created By	Created Date	Completed By	Completed Date	Score	Action
R01	3769872	Prior Authorization	CCBHC	Brianna Walton	12/05/2024 08:51:30 AM			0	1 Open

Below the table, there is a 'Showing 10 of 1' indicator and a pagination bar with 'Previous', 'Page 1 of 1', and 'Next' buttons. At the bottom of the interface, there are buttons for 'Add a Note', 'Add an Interaction', 'Jump to Submit', 'Cancel', 'Validate Request', and 'Go to Attachments'. A speaker icon is visible in the bottom right corner of the interface area.

Step 7 - Questionnaires

1. The CCBHC questionnaire will attach to your case. Click on Open to begin completing it.

Step 7 – Questionnaires Continued

The screenshot shows the Acentra Health interface for a questionnaire. The top navigation bar includes 'Work Queue', 'Cases', 'Create Case', 'Consumers', 'Providers', and 'Reports'. The case information is: Jane Doe (F), 11/29/1985 (39 Yrs), Maine ASD UM, 0000001A Consumer ID. The questionnaire is titled 'Create Questionnaire / CCBHC'. The left sidebar shows a list of sections: CCBHC (selected), General Questionnaire, Adult / Child Selection, Procedure Codes, and Adult / Child Separation. The main content area contains five questions:

1. Is this request a new treatment/episode of care? + Yes No
2. Does the member require an interpreter? + Yes No
3. What was the date of referral? +
4. Was this person holding for service? + Yes No
5. Has the member received treatment in a state psychiatric hospital (Riverview, and/or Dorothea Dix Psychiatric Center) within the past 24 months, for a non-excluded DSM 5 diagnosis? + Yes No

At the bottom, there is a 'RETURN TO CASE' button, an 'Autosaved' indicator, and 'NEXT' and 'MARK AS COMPLETE' buttons. A green '1' in a circle is visible above the first question, and a green '2' in a circle is above the 'NEXT' button.

Step 7 - Questionnaires

1. The questionnaire will open in a separate window. Begin by answering the question of the first section. Please note, as you answer questions, additional questions may cascade.
2. Once you have completed the first section, click Next to navigate to each subsequent section.
3. **All** questions of the questionnaire **must be** filled out. When you have finished filling out the questionnaire, click on Mark as Complete. If all questions have been filled out, you will be returned to the main screen. If there are questions that have been missed, you will see an error message and the missing questions will display in red text. You must fill out the missing questions in order to mark your questionnaire as complete.

Step 7 – Questionnaires Continued

The screenshot displays the Acentra Health software interface. At the top, there is a navigation menu with options: Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. Below this, a 'Change Context' dropdown shows 'PINES HEALTH SERVICES, Maine DHHS'. The main area features a 'New UM Case' summary for 'Maine ASO' with patient 'Jane Doe (F)' and date '11/29/1985'. A progress bar indicates the current step is 'Questionnaires' (Step 7), with previous steps like 'Diagnoses' and 'Requests' completed. Below the progress bar is a table of questionnaire entries:

Request	Questionnaire ID	Questionnaire Type	Questionnaire's Name	Created By	Created Date	Completed By	Completed Date	Score	Action
R01	3769872	Prior Authorization	CCBHC	Brianna Walton	12/05/2024 08:51:30 AM			0	Open

Below the table, there are controls for 'Showing 10 of 1' entries, a 'Jump to Submit' button (highlighted with a green circle and '1'), and buttons for 'Add a Note', 'Add an Interaction', 'Validate Request', and 'Go to Attachments'. A speaker icon is visible in the bottom right corner of the interface.

Step 7 – Questionnaires Continued

1. After completing the questionnaire, you will be brought to the main submission page. Click on jump to submit.

Step 10 – Submit Case

The screenshot displays the 'Submit Case' interface in the Acentra Health system. The top navigation bar includes 'Home', 'Cases', 'Create Case', 'Consumers', 'Setup', 'Message Center', 'Reports', and 'Preferences'. The main header shows 'Change Context: PINES HEALTH SERVICES, Maine DHHS' and 'New UIM Case'. The case details are: 'PINES HEALTH SERVICES' (Requesting Provider), 'Maine ASO Outpatient' (Service Type), and 'Jane Doe (F)' (Consumer, 11/29/1985). The progress bar indicates steps 2 through 10, with Step 10 'Submit Case' being the active step. The 'Submit Case/ Review' section contains several tiles for updating information: Providers (Requesting: PINES HEALTH SERVICES, Servicing: WASHBURN-001), Service Details (Service Type: 115 - CCBHC), Diagnoses (1 Diagnosis: R69), Requests (Notification Date: N/A, Request Type: Registration, Procedures: T1041Q2, 99366, 99495, 99402, 90839, 99605), Questionnaires (1 Questionnaire), Attachments (0 Documents), and Communications (0 Notes). A 'Submit' button is located at the bottom right.

32

Step 10 – Submit Case

1. Once you have completed the request, the information you have inputted will be displayed as tiles. If you need to update information prior to submitting, you can click on the tile to navigate back to that section. When you are finished, click on **Submit**.

Step 10 – Submit Case Continued

Disclaimer

I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.

Once you click **Agree**, a case number will be assigned and you will be taken to that case.

33



In Step 10 – Submit Case

1. Once you click submit a Disclaimer popup will appear indicating that precertification does not guarantee payment and precertification only identifies medical necessity and does not identify benefits. Click on **Agree**.
2. If there are no errors, your case will submit and you will receive a case ID number. If there are errors, you will receive a message indicating what the errors are that need to be addressed before the case can be submitted.

Submitted Case

34

Once the case has been submitted it will bring you to the request overview page. This will be a receipt of all information provided in the request. It is important to document the Case ID to reference this request at a later time

Please note: You will also be able to search and find the consumer by other identifying information like Name, DOB, etc. If calling Acentra Health regarding this request, three pieces of identifying information will be required to confirm the member's identity. For example, member's name, member's address, and date of birth.

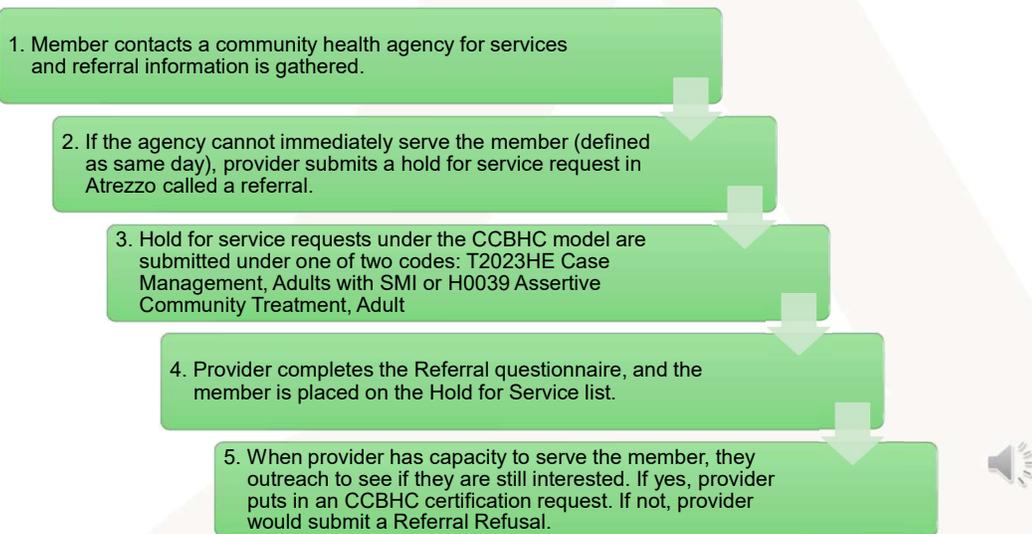
PART FOUR

Hold for Service Process for Adults



In part four, we will discuss the hold for service process for adults under the CCBHC model.

Hold for Service Process for Adults

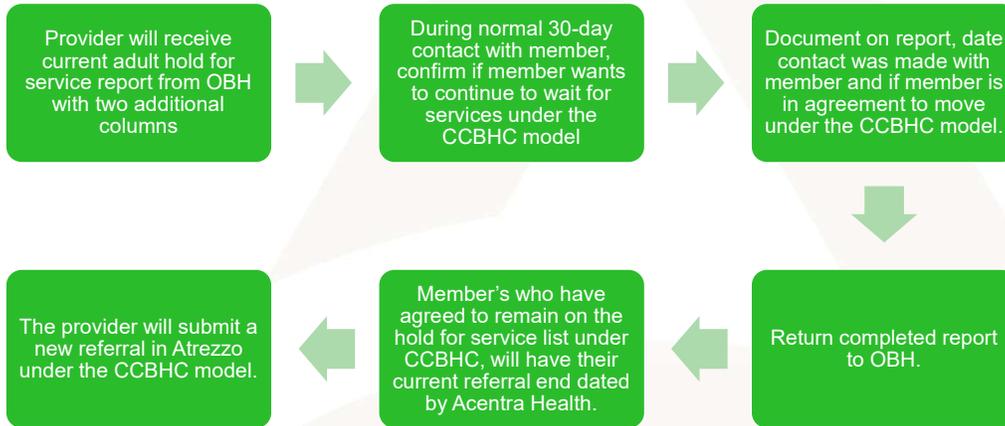


36



This is a high-level overview of the adult hold for service process. The hold for service process under the CCBHC model follows the existing adult hold for service process under the ASO. For a full detailed training on how to submit a hold for service request or a referral refusal in Atrezzo, please visit <https://me.acentra.com/training/>

Adult Hold for Service Transition



37



The Office of Behavioral Health will be sending each agency their current adult hold for service list. The list will contain two additional columns that will need to be filled out during your normal 30-day contact with the member. The first column will be to indicate the date you have contacted the member, and the second column will be to indicate if the member has agreed to stay on the hold for service list under the CCBHC model. The completed report will need to be sent back to OBH. Members who have agreed to remain on the hold for service list under CCBHC will have the current referral end dated by Acentra Health in the Atrezzo portal for the date member was contacted. The provider will then need to submit a new hold for service referral under the CCBHC model

PART FIVE

Frequently Asked Questions



Frequently Asked Questions

Q1: Can I submit a CCBHC request for a non-MaineCare member?

A1: No. Non-MaineCare members are not able to be submitted under CCBHC. If you are serving a non-MaineCare member, you will follow the existing process to deliver and receive payment for those services.

Q2: What is the certification length for CCBHC services?

A2: Clinically, there are two timelines for youth and adults for comprehensive assessments and treatment plan development and revisions. The administrative timelines for Atrezzo are aligned for operational purposes. A Registration is valid for 60 days and Continued Stay Review is valid for 180 days.

Q3: Will the services within CCBHC require clinical utilization review by Acentra Health?

A3: No. Acentra Health will not be conducting clinical utilization reviews.

Q4: Is there a list of procedure codes that need to be requested in Atrezzo?

A4: Yes. There are Point in time codes that need to be submitted at every request. Additionally, you will need to add procedure codes for services you will be providing under the CCBHC model. Please view the Maine ASO CCBHC Service Grid for the specific procedure codes.

Q5: Are there any services that are duplicative to CCBHC?

A5: While the CCBHC model itself is not duplicative to any other service, services delivered within the CCBHC model may not be delivered concurrently with other services.



Frequently Asked Questions Continued

Q6: What is the submission window for CCBHC services?

A6: The provider has twenty (20) calendar days before the enrollment start date and five (5) calendar days after the enrollment start date to submit their requests in Atrezzo.

Q7: Can we submit a Retroactive MaineCare request if a member gets their coverage back/reinstated?

A7: Yes. You will be able to submit a Retroactive MaineCare Request. Unlike non-CCBHC services, you will not be required to submit a treatment plan. Acentra Health will still verify that the members' MaineCare has been reinstated within the past year.

Q8: What service type will CCBHC requests be submitted under in Atrezzo?

A8: There will be a new service type in Atrezzo called CCBHC

Q9: What happens if there are changes in service delivery prior to the 180-day Continued Stay Review period?

A9: You will need to discharge the current case and then make a copy of the case by using the copy function in Atrezzo. After you make a copy function, you will be able to add/or remove services from the request. Click [here](#) to view instructions on how to copy a case.

Q10: Will there be any questionnaires required?

A10: Yes. There will be one CCBHC questionnaire. As you answer questions, additional questions may cascade for you to answer. Questionnaires are required to be filled out and marked as completed for data collection purposes. 



Frequently Asked Questions Continued

Q11: Will there be any document upload requirements?

A11: No. You will not be required to upload any supporting documentation.

Q12: Will I still need to submit referrals/hold for services requests, critical incidents, SMI Terminations, Discharges, etc.?

A12: Yes. The Critical Incident, Hold for Service Referrals, Referral Refusals, SMI Terminations, and Department Medication Management Referrals for adult members are still applicable. In addition, providers who are providing a substance use service also need to submit a SUD Treatment Data Collection request in Atrezzo.

Q13: What do I do with my members who are on a hold for service list now, but will need to be moved to CCBHC?

A13: You will be provided with your current hold for service list(s). When you make your normal outreach call, you will be asked to update the list you have received to indicate if the member has confirmed moving to CCBHC and the date of contact. Acentra Health will end date those Hold for Service Referrals for the date of contact. The provider will then need to submit a new Hold for Service Referral under the appropriate CCBHC encounter code.



Questions?



- Toll-Free Phone: (866) 521-0027

- Option 1 – Member Services
- Option 2 – Katie Beckett
- Option 3 – Provider Relations
- Option 4 – Care Management
- Option 5 – Appeals
- Option 6 – Level I Critical Incident Reporting

- Email: ProviderRelationsME@acentra.com

- To chat with an Acentra Health Representative, visit www.qualitycareforme.com and click on the  in the bottom right corner.



Thank you for joining the Acentra Health CCBHC training. If you have further questions or need assistance, please call us at 866-521-0027. For technical assistance, please press Option 3 to reach a member of our Provider Relations Team. You can also reach a member of our Provider Relations Team via email at ProviderRelaitonsME@Acentra.com or through our online chat at www.qualitycareforme.com. Our hours of operation are Monday thru Friday 8am to 6pm.