

Attestation Form for Collaborative Care Model (CoCM) in Texas Medicaid

This attestation form is for any individual or clinic/group practice billing provider to attest that:

- They have an established Collaborative Care Model (CoCM) program prior to the delivery of services.
- They are actively providing CoCM services consistent with the core principles and specific functional requirements of the model, as described in the “Collaborative Care Model (CoCM)” section of the *Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook* (Vol. 2, Provider Handbooks) in the *Texas Medicaid Provider Procedures Manual* (TMPPM). The five CoCM core principles are:
 - Patient-centered team care.
 - Population-based care.
 - Measurement-based treatment to target.
 - Evidence-based care.
 - Accountable care.

Section 1

Is this submission on behalf of an individual or clinic/group practice billing provider? (Check the appropriate box.)

Individual billing provider (Complete Sections 2 and 4; skip Section 3.)

Clinic/Group practice billing provider (Skip Section 2; complete Sections 3 and 4.)

Section 2

Individual Billing Provider

Each individual billing provider must complete an attestation form at the start of every new episode of care for each person receiving CoCM services prior to the delivery of services to ensure adherence to the CoCM core principles and the specific functional requirements of the model.

This attestation form must be maintained in the medical record of each person receiving CoCM services and made available to Texas Medicaid or its designee upon request.

Billing Provider Name _____ **Billing Provider NPI#** _____

Billing Address _____

Phone Number _____ **Email Address** _____

The individual billing provider must be one of the following approved CoCM provider types. (Check the appropriate box.)

Physician (M.D. or D.O.)

Nurse practitioner/clinical nurse specialist (include delegating physician’s name below)

Physician assistant (include delegating physician’s name below)

Delegating Physician’s Name _____

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Section 3

Clinic/Group Practice Billing Provider

Each clinic/group practice billing provider must complete an attestation form at the start of every new episode of care for each person receiving CoCM services prior to the delivery of services. The attestation must cover all servicing providers within the clinic/group practice to ensure adherence to the CoCM core principles and the specific functional requirements of the model.

This attestation form must be maintained in the medical record of the person receiving CoCM services and made available to Texas Medicaid or its designee upon request.

Billing Provider Name _____ **Billing Provider NPI#** _____

Billing Address _____

Phone Number _____ **Email Address** _____

Servicing Provider Name(s) _____

Servicing Provider(s) NPI# _____

Servicing Provider(s) Location _____

The clinic/group practice lead billing provider must be one of the following approved CoCM provider types. (Check the appropriate box.)

Physician (M.D. or D.O.)

Nurse practitioner/clinical nurse specialist (include delegating physician's name below)

Physician assistant (include delegating physician's name below)

Delegating Physician's Name _____

Section 4

Attestation

If your clinic/group practice bills under one base location but has several servicing locations, each servicing location must complete an attestation form to provide and receive reimbursement for CoCM services at the start of every new episode of care for each person receiving services and prior to the delivery of services.

For a clinic/group practice with multiple sites with their own billing NPI, each site must complete its own attestation form for each person receiving services and prior to the delivery of services. If there are multiple providers within the clinic/group practice, you are attesting that:

- Those individuals identified as the servicing providers on the claim for CoCM services are one of the approved provider types listed in Section 3.
- The individuals are trained and actively providing care consistent with the CoCM core principles and specific functional requirements.

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CoCM Core Principles

The following five core principles define the CoCM and must inform every aspect of an implementation. To indicate adherence to the CoCM core principles, check each of the following boxes.

Patient-centered team care:

- Primary care provider leads the collaborative care team
- Behavioral health care manager works with the lead primary care provider
- Psychiatric consultant works with the lead primary care provider
- Beneficiary/person receiving services participates

Population-based care:

- CoCM team shares a defined group of beneficiaries who are tracked in a registry
- CoCM team reaches out to beneficiaries who are not improving
- Mental health specialists provide caseload-focused consultation

Measurement-based treatment:

- Beneficiary's treatment plan communicates personal goals and clinical outcomes that are routinely measured by evidence-based tools
- Treatment changes if the beneficiary is not improving as expected

Evidence-based care:

- Beneficiaries offered treatments with credible research evidence to support their efficacy in treating the target condition

Accountable care:

- Providers are accountable and reimbursed for quality of care and clinical outcomes, not just volume of care provided

For more information about the core principles and functional requirements of the model, refer to The Advancing Integrated Mental Health Solutions (AIMS) Center, University of Washington, Psychiatry and Behavioral Sciences Division of Population Health.

By signing this attestation, you are attesting that you (as an individual provider or a clinic/group practice):

- Have an established CoCM program prior to the delivery of services.
- Are providing CoCM services consistent with the core principles and specific functional requirements of the model and in compliance with 42 C.F.R. 447.10, as described in the "Collaborative Care Model (CoCM)" section of the *Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook* (Vol. 2, Provider Handbooks) in the TMPPM.

Note: The individual signing this attestation form must have the authority to attest on behalf of the individual or clinic/group practice provider.

Print Name _____ **Title** _____

Signature _____ **Date** _____

If at any time the individual or clinic/group practice provider no longer meets the requirements to provide CoCM services, the individual or clinic/group practice provider must notify Texas Medicaid by contacting the TMHP Contact Center at 800-925-9126.