Community Behavioral Health Core Provider Redesign Initiative

Transforming Community Care

DBHDD

Present Landscape

* Higher Acuity Treated in Community Outpatient Settings
* Briefer Hospital Stays
* Best Practices & Fidelity to Treatment Models
* Accountability for Outcomes
* Affordable Care Act
* C&A Managed Care

Landscape of the Future

* A network of Community Behavioral Healthcare Providers that is:
  * Safe
  * Accessible
  * Efficient
  * Effective (positive clinical outcomes)
  * Financially and Administratively Stable
  * Accountable
  * Competent (workforce)

Landscape of the Future

* A Department that is:
  * Efficient
  * Fiscally Responsible
  * Focused on Quality
  * Accountable
  * Engaged in Workforce Development (Competency Building)

The Core Provider

The Core Provider

* **Core Provider** is the term used to describe an array of providers who offer a set of essential benefit package services. Examples of the types of services include:
  * Psychiatric Treatment
  * Nursing Treatment
  * Individual, Family & Group Counseling
  * Case Management
  * Behavioral Health Assessments

The Core Provider Network

* Region 1: 22 Core Providers
* Region 2: 16 Core Providers
* Region 3: 102 Core Providers
* Region 4: 9 Core Providers
* Region 5: 14 Core Providers
* Region 6: 21 Core Providers

Total: 184

Challenges & Opportunities

* Variability in the Network
  * Volume of “Core Providers "does not necessarily equal capacity
  * Service array varies across the network
  * Significant variance in infrastructure

Challenges & Opportunities

* Accountability to Fund Sources
  * Various fund sources
  * Federal block grant, state appropriations and Medicaid
  * Ensuring existing funds are appropriately utilized
  * Eliminating waste, fraud and abuse

Challenges & Opportunities

* Enhancing basic network infrastructure
  * ADA Settlement services are major enhancement to services for certain population
  * Core service infrastructure needs attention and funds are limited

Challenges & Opportunities

* Lack of clarity in Core Provider requirements
  * Core Providers defined by benefit package rather than agency characteristics and infrastructure requirements

Where are we now?

A Tiered System Approach
Tier 1, Tier 2 & Tier 3

Tier 1: Comprehensive Community Provider (CCP)

CCPs function as the safety net for the target population, serve the most vulnerable and respond to critical access needs. Community Service Boards have been designated as the CCPs. CCPs will:

* Be public entities
* Serve as the Safety Net for individuals identified as high risk and vulnerable
* Serve children, adolescents, emerging adults, and adults

Tier 1: Comprehensive Community Provider (CCP)

* Have Electronic Information Systems capability (Electronic Health Records, HIE connectivity)
* Competently serve individuals with co-occurring Behavioral Health & Developmental Disabilities; and
* Competently serve both individuals with Mental Health conditions, Addictive Diseases

  and dually diagnosed MH/AD conditions
* Provides accessible services for Deaf and hard of hearing individuals

Tier 1: Comprehensive Community Provider (CCP)

* Offer essential core benefit package **plus** designated specialty services
* Have an active Board of Directors
* Be the clinical home for individuals enrolled in their services
* Receives DBHDD Funds to support infrastructure needed to be a Safety Net Provider

Tier 2 – Community Medicaid Provider

CMP providers offer choice for consumers with Medicaid. Required to:

* Offer the essential core benefit package of services
* Serve Medicaid-covered individuals
* Serve Both MH & AD Individuals

Tier 2 – Community Medicaid Provider

* May also offer Specialty Services (not mandated)
* May be age-focused (i.e. Only C&A or Only Adults, or Both)

Tier 3 – Specialty Providers

* This includes, but is not limited to:
  * Intensive Intervention Services
  * Assertive Community Treatment
  * MH & SA Clubhouses
  * Peer Services
  * Psychosocial Rehabilitation
  * Supported Employment
  * Addictive Disease Specialty Treatment
  * Residential Services

Community Behavioral Health Provider Network Redesign

DRAFT (2014.04.23)

Tier 1 Provider
Comprehensive Community Provider (CCP) [1]

Safety Net for DBHDD Target Population
State Funded (Indigent/Uninsured) & Medicaid (MRO)

"Essential" CORE Services

NOTES:
- Must serve both Adults and Children & Adolescents.
- Must deliver both Mental Health and Addiction Services.

A Tier 1 Provider may also deliver Crisis Services but is not required.

Crisis Services

- Crisis Stabilization Unit
- Behavioral Health Crisis Center
- Crisis Service Center

Only Comprehensive Providers may deliver these services.

Behavioral Health Services

At least one from each group below is required.

Intensive In-Clinic Services	Intensive Out-of-Clinic Services
Psychosocial Rehabilitation (PSR) Program	Assertive Community Treatment (ACT)
Peer Support Program	Community Support Team (CST)
MH Intensive Outpatient Program	Intensive Case Management (this service is optional)

A Tier 1 Provider may also deliver Specialty Services but is not required.

Tier 2 Provider
Community Medicaid Provider [2]

Only serves Medicaid covered individuals (MRO).

"Essential" CORE Services

A Tier 2 Provider may also deliver Specialty Services but is not required.

Specialty Service Provider [3]

Specialty Service Providers may provide one or more specialty service.

- Intensive Family Intervention (IFI)
- MH / AD Clubhouses
- **AD Services**
  - SA Intensive Outpatient Services
  - Ready For Work Services
  - Detox Services
  - Opioid Treatment
  - Drug Courts
  - etc.
- Psychosocial Rehabilitation (PSR)
- Supported Employment
- Assertive Community Treatment (ACT)
- Intensive Case Management (ICM)
- **Residential**
  - MH Residential Tx
  - SA Residential Tx
  - Crisis Apartments
  - etc.
- **Peer Services**
  - Peer Supports
  - MH Wellness Centers
  - AD Recovery Centers
  - etc.

NOTE: There are some Specialized Services / Programs that DBHDD will contract for not included in this list of services.

(May not be an all inclusive list of specialty services.)

NOTE: DBHDD reserves the right to contract with providers as needed for services to special populations or in areas with un-met need.

Provider Standards

Tier 1 – CCP Standards

* CCPs will be required to operate in Compliance with the CCP Standards. The CCP Standards are intended to provide clear guidance for CCP providers on the expectations of operating as a CCP.
* Policy Stat 01-200
* https://gadbhdd.policystat.com/policy/992494/latest/

Tier 1: CCP Standards

* Administrative/Fiscal Infrastructure (15%)
* Criminal Records/CMS Exclusions (Pass/Fail)
* Eligibility for Community BH Services (*not weighed*)
* Access to Services (14%)
* Crisis Management (10%)
* Addictive Disease Treatment & Supports (8%)
* Screening & Assessment (8%)

Tier 1: CCP Standards

* Transitioning Individuals in Crisis from Inpatient & Crisis Stabilization Care (9%)
* Community Behavioral Health Services (10%)
* Staffing (pass/fail)
* Sub-Contracts (Pass/Fail)
* Accreditation, Certification & Licensing (Pass/Fail)

Tier 1: CCP Standards

* Audit Compliance (10%)
* Training (3%)
* Quality Management (3%)
* Benefits Eligibility (5%)
* Recovery Oriented Care (Pass/Fail)
* Services for Deaf/Hard of Hearing (5%)

Tier 2 & 3 Standards

* Tier 2 standards currently being developed.

* Tier 3 standards are service specific, thus, standards for the services already exist.

Compliance & Monitoring

Overview

* Providers are **required** to operate in compliance with the CCP Standards.
* Each standard, where applicable, has key performance indicators that identify targets for expected outcomes.
* Providers will be evaluated on their performance to the overall standards annually. (with a mid-year progress review)

Overview

* Will link to Performance Based Contracting in FY 16 – FY17

Technical Assistance

Tier 1

* Learning Collaboratives with MTM
* 12-month Training Plan
* Began in July 2014

Tier 2 & Tier 3

* 2-Day Learning Opportunities with MTM
* August & November

Implementation: Tier 1

July 2014

* Technical Assistance Begins
* Go Live with **BASELINE YEAR**

August – September 2014

* Adoption of Standards into DBHDD Policy Stat

July 1, 2015

* Go live with non-baseline year

Implementation: Tier 2

* **July 2014**
  * Series of Statewide Information Sessions
* **August & November 2014**
  * Learning Opportunities
* **March 1, 2015**
  * Publish Standards to PolicyStat
* **July 1, 2015**
  * Go Live with Tier 2 Standards & Performance Monitoring

Payment Restructuring

Financial Infrastructure for State Funds in Community Behavioral Health

Evolving the current funding infrastructure to achieve:

- More equitable distribution of available funding where services are actually being delivered
- More effective utilization of scarce public resources through a transition to a performance based , predominantly fee-for-service operating environment
- Greater accountability and transparency across the network of public and private services providers

Provider Preparations

* MTM and Department offer Technical Assistance to Providers
* Phased roll-out of new financial and reporting requirements per contract
* Quarterly reviews of financial performance during FY 15, with no impact on funding
* Phased FFS implementation during FY 2016

Internal Preparations

* Transition of Funding from Regional contracts to A/P contracts
  * ASO FFS
  * Other contracts over time

Revised contracts – language and structure

New invoicing and payment approval processes

Improved and more comprehensive compliance monitoring

New budget management and monitoring processes

More accountable and transparent operating environment

More Team-Centered operating activities

How Will We Manage the Changes

* Leadership Review of the Department's operating structure
* Better definition of roles and responsibilities
* Greater accountability
* "Eyes Wide Open" review of operating policies and practices
* Team-based approaches for many activities
* Improved training and communications
* Greater emphasis on Risk Management practices

Resources & Help

* DBHDD Website for project updates and information:

http://dbhdd.georgia.gov/

* Questions about implementation related activities:

coreproject@dbhdd.ga.gov