BH Provider Standards & KPIs
Tiers 1, 2, 2+

PRESENTED TO THE
DBHDD CONTRACTED COMMUNITY PROVIDERS

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Division of Behavioral Health

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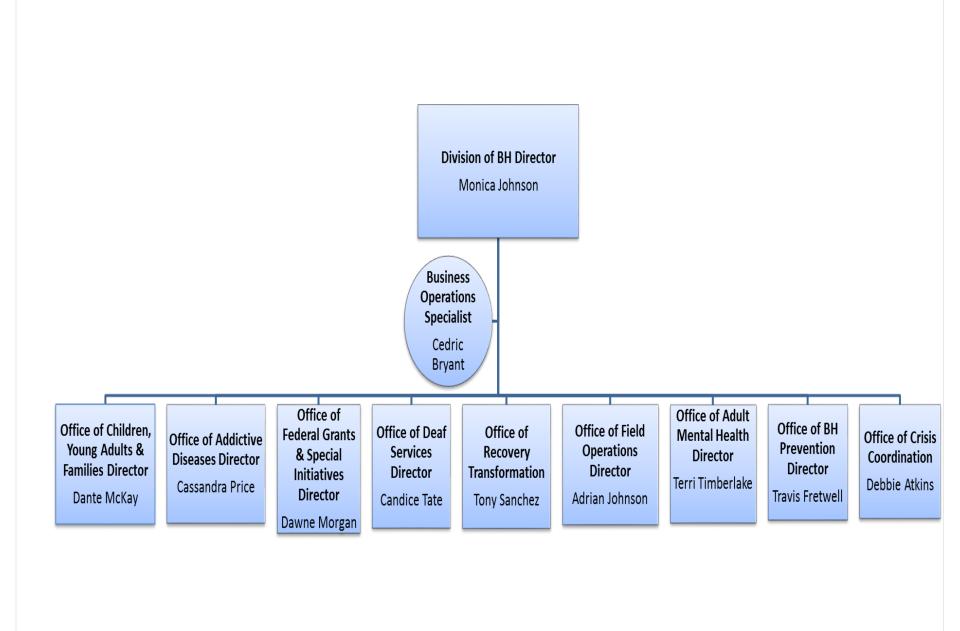# DBHDD Vision and Mission

Vision

Easy access to high-quality care that leads to a life of recovery and independence for the people we serve

Mission

To lead an accountable and effective continuum of care to support people with behavioral health challenges, and intellectual and developmental disabilities in a dynamic health care environment

Agenda

- Introductions
- Purpose
- Recap of the work
- Review of Standards & KPIs Changes
- Reporting, Compliance and Monitoring
- Data Review (What are we learning from the data: An overview of Tier 1 outcomes)
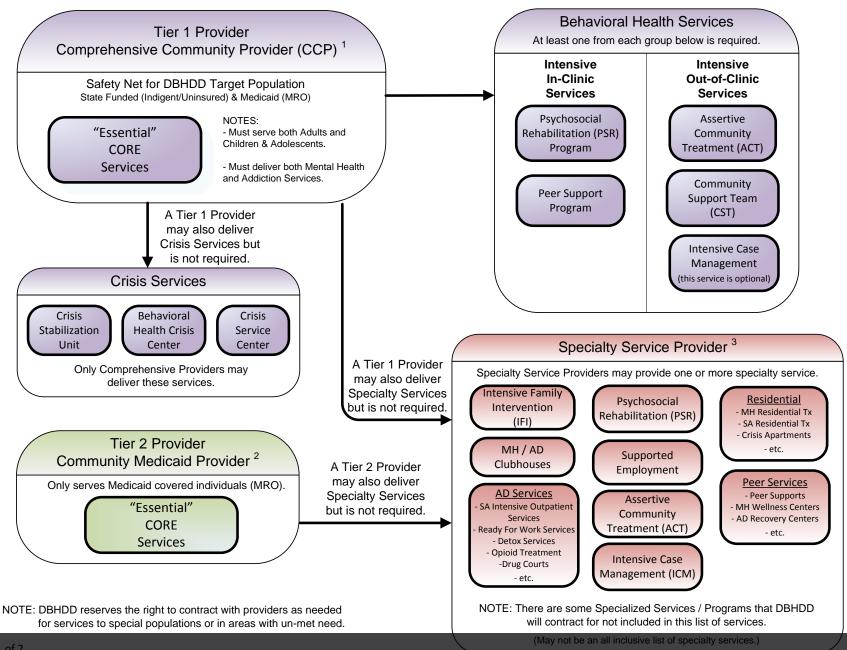- Quality Initiatives

Recap

- **OVERVIEW OF THE BH PROVIDER NETWORK**
- **HISTORY OF THE STANDARDS & KPIS**

Access to Community Care

- Safe
- Accessible
- Efficient
- Effective (positive clinical outcomes)
- Financially and administratively stable
- Accountable
- Competent (workforce)

Provider Tiers

- ## Tier 1: Comprehensive Community Providers (CCP)
  - Community service boards
  - Safety-net providers
  - Offer core benefit package
  - Provide additional specialty services

- ## Tier 2: Community Medicaid Providers (CMP)
  - Ensure choice for individuals receiving Medicaid
  - Offer core benefit package

- ## Tier 3: Specialty Providers
  - Provide an array of specialty treatment and support needed in the continuum of care

Community Behavioral Health Provider Network Redesign

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.

Tier 2 Provider
Community Medicaid Provider [2]

Only serves Medicaid covered individuals (MRO).

"Essential" CORE Services

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

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)
	Intensive Case Management (this service is optional)

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

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)

Psychosocial Rehabilitation (PSR)

Residential
- MH Residential Tx
- SA Residential Tx
- Crisis Apartments
- etc.

MH / AD Clubhouses

Supported Employment

AD Services
- SA Intensive Outpatient Services
- Ready For Work Services
- Detox Services
- Opioid Treatment
- Drug Courts
- etc.

Assertive Community Treatment (ACT)

Peer Services
- Peer Supports
- MH Wellness Centers
- AD Recovery Centers
- etc.

Intensive Case Management (ICM)

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.)

Service Array (Tier 1 & 2)

- Core Benefit Package
  - Psychiatric evaluation
  - Behavioral health assessments
  - Case management and skill building
  - Nursing evaluations
  - Individual, Family and Group Counseling
  - Peer support services
  - Diagnostic assessment
  - Addiction services
  - Crisis intervention

Specialty Service Array (Tier 3)

- Housing
- Supported Employment
- Youth Clubhouses
- Peer Wellness Centers
- Assertive Community Treatment (ACT)
- Intensive Case Management
- Addiction Treatment and Support
- Psychosocial Rehabilitation
- Behavioral Health Crisis Service Centers
- Crisis Stabilization Units (Youth and Adults)
- Intensive Family Intervention
- Prevention Services
- Mobile Crisis

Provider Standards

- Are published as policy in PolicyStat

- **Tier 1 Standards: 01-200**
  - https://gadbhdd.policystat.com/policy/992494/latest/

- **Tier 2 Standards: 01-230**
  - https://gadbhdd.policystat.com/policy/1478405/latest/

Standards & KPIs

WHAT'S NEW?

Overall Points

- The standards are <u>only</u> applicable to your core services.
- Participation in reporting the standards is required as a part of your contract, letter of agreement, or provider agreement with DBHDD.
- Data is required regardless of fund source, except where explicitly stated that is not the case.
- Beginning this year, Tier 1 providers will submit a PMR for <u>each</u> core site. This is only required to be submitted in this way for the final reporting period of the year.
- Tier 2 and Tier 2+ will continue to report average site data for this year, if you operate more than one core site.
- Normally, Tier 2 and Tier 2+ changes are done based on the results of the Tier 1 data. This year, we will review the Tier 2 and Tier 2+ data, seek feedback from this group, and make changes based on the data. Some exceptions exist for this and they will be covered today.

Access to Care

- In order to ensure that the needs of individuals seeking behavioral health services are met by comprehensive community providers (ccps), this policy sets forth the key performance indicators in relation to access to services for individuals who are DBHDD state-funded and Medicaid recipients. <u>This requirement is ONLY applicable to this standard.</u>

- The above is applicable to all tiers.

- <u>Tier 1 Changes Only</u>:
  - Section weight: increase to 18%
  - 0-2 (1) Business Days – For initial intake scheduled assessment
  - 0-5 (0-4)Business Days - Intake to scheduled appointment for Treatment

Crisis Management

- GCAL referrals for non-enrolled individuals with urgent needs are scheduled for an appointment within one (1) business day of referral. ~~The appointment is to occur as soon as possible, but no later than 3 calendar days from the date of referral.~~
- Weight: 12%
- No change for Tier 2 and Tier + at this time

Crisis Management

- Provider demonstrates a recidivism rate of no more that 30%. Recidivism is defined as measuring flow between out-patient to inpatient services. Instructions of how to measure: the denominator is the number of people enrolled in CORE outpatient services for the reporting period. This should be an unduplicated count. The numerator is two or more encounters in inpatient or crisis facility.

- *Note: providers will not input data for this KPI; DBHDD will populate this field for providers based on data from the beacon reporting system. This is applicable for Tier 1 & Tier 2 Providers.*

Engagement in Care

- Modified:
  - Each KPI threshold for No-Show rates changed to 18% from 20%.
  - For example: *No show rate for: Initial Intake Behavioral Health Assessment should not exceed 20% (this is now 18%). (No Show/Cancel rate based on Same Day access models).*
  - This is currently only applicable for Tier 1. No changes at this time for other Tiers.

Substance Use Disorders Treatment & Supports

- A minimum of 12 hours, at least 50% of which is group counseling, per week of substance use disorder treatment services and supports is available for individuals diagnosed to have a substance use disorder
- A minimum of 80 % of individuals w/primary or co-occurring SUD diagnosis are receiving group counseling services. This is defined by an individual with at least 5 encounters of group counseling that addresses SUD issues within the reporting period
  - **Special Note:**
    - If an individual is in remission, you would not include them in the data reporting.
    - Recommendation made to consider outcomes related to engagement attempts. Will consider for next cycle.

Community Behavioral Health Services

- Current:
  - Individual satisfaction surveys: maintain an aggregate score of 90% customer satisfaction.

  - This standard will be removed for all Tiers.

Administrative & Fiscal Structure

- Tier 2+ Only:

- Amending to require Providers to submit/upload Balance Sheets and Income Statements for the previous 4 quarters for KPIs 7-10. Right now the policy requests the previous 2 quarters Balance Sheets and Income Statements for KPI 7-10.

Recovery Oriented Care

- New Survey Tool available in policy. Replace this version with any existing versions you may have.
- Any questions about the assessment tools, please contact Tony Sanchez at tony.sanchez@dbhdd.ga.gov .

Administrative Services Organization and Audit Compliance

- Provider attainment of ~~85~~ 90% justified billing for audited claims.
- <u>NOTE</u>: Provider will not have to enter the data for this KPI. This will be populated by DBHDD.

Benefits Eligibility

- Tier 1: weight change to 5% (formerly 2%)

Housing Access

- Tier 1: weight change to 5% (formerly 7%)

Suicide Prevention

- Tier 1: weight change to 5% (formerly 7%)

Key Things to Remember

- Tier 1, Tier 2, and Tier 2+ are in **live** years. The scores are real.

- Adherence to the standards and submission of data into the web portal is a requirement and is **not** optional.

- Requirements are applicable to providers that are under contract, a provider agreement, or letter of agreement with the DBHDD and are classified as either Tier 1, Tier 2, or Tier 2+

Key Things to Remember

- At the time of this presentation the updated policies may not be published. Please check back periodically. Expected date of publication is no later than August 15th.

- The standards and KPIs are reviewed annually. Based on an analysis of the data, the standards and KPIs will be subject to modification, but not within the year prior to the annual review.

- Performance/outcomes of the PMR is a part of your compliance with your contract. Corrective Actions will be applicable based on policy 13-103.

Key Things to Remember

- If you have questions about the any of the standards and KPIs, please submit them to: PolicyQuestions@dbhdd.ga.gov

- These updates are for the reporting periods after the new fiscal year.

- The standards and KPIs are about the Core Benefit Package of Services. It does not include data for services outside of this package.

- DBHDD is still working on methodology for publication of PMR scores for all providers.

Questions