Core Redesign Initiative Update: Tier 2

PRESENTED TO
DBHDD CONTRACTED COMMUNITY PROVIDERS

2015
Division of Behavioral Health

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Director
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 Georgians with behavioral health challenges, and intellectual and developmental disabilities in a dynamic health care environment
What are we charged with?

• The Division of Behavioral Health is the authority for behavioral health programs, services and supports statewide.

• Primary areas of focus
  o Policy and planning
  o Program development
  o Budget management and spending plan development
  o Workforce development (training)
  o Collaborating with stakeholders within the various systems of care
Our Offices

- Adult Mental Health
- Addictive Diseases
- Children, Young Adults and Families
- Deaf Services
- Federal Grants and Special Initiatives
- Behavioral Health Prevention
  - Suicide Prevention
  - Addictive Disease Prevention
  - Mental Health Promotion
- Recovery
- Field Operations
Why Redesign? Access to Care

- Safe
- Accessible
- Efficient
- Effective (positive clinical outcomes)
- Financially and administratively stable
- Accountable
- Competent (workforce)
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 used
  - Eliminating waste, fraud and abuse
Challenges & Opportunities

• Enhancing basic network infrastructure
  ○ ADA Settlement services are major enhancement to services for certain populations
  ○ Core service infrastructure needs attention, and funds are limited
## Our Community Provider Network

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

**Total:** 184 Community Providers
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)

- 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

- Only serves Medicaid covered individuals (MRO).
- "Essential" CORE Services

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

**Behavioral Health Services**
At least one from each group below is required.

- **Intensive In-Clinic Services**
  - Psychosocial Rehabilitation (PSR) Program
  - Assertive Community Treatment (ACT)
  - Peer Support Program

- **Intensive Out-of-Clinic Services**
  - Community Support Team (CST)
  - Intensive Case Management (this service is optional)

**Specialty Service Provider**
Specialty Service Providers may provide one or more specialty service.

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

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

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
Understanding the System

- Tiered System Design
- Provider Standards
- Key Performance Indicators (KPIs)
- Compliance & Monitoring
Tier 1: Comprehensive Community Provider (CCP)

- Function as the safety net for the target population
- Serve the most vulnerable
- Respond to critical access needs
- Community service boards will serve in this capacity

CCPs will:
- Be a community service board
- 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, health information exchange connectivity)
- Competently serve individuals with co-occurring behavioral health and developmental disabilities
- Competently serve individuals with mental health challenges, substance use disorders and dually diagnosed conditions
- Provide 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
- Receive DBHDD funds to support infrastructure needed to be a safety-net provider
Tier 2: Community Medicaid Provider (CMP)

- CMP providers offer choice for consumers with Medicaid.
- They are required to:
  - Offer the essential core benefit package of services
  - Serve Medicaid-covered individuals
  - Serve both individuals with mental health challenges and substance use disorders
Tier 2: Community Medicaid Provider (CMP)

- May also offer specialty services (not mandated)
- May be age-focused (e.g. only child and adolescent or only adults, or both)
Provider Standards

• Tier 1 CCPs and Tier 2 CMPs will be required to operate in compliance with applicable standards. The standards are intended to provide clear guidance for providers on the expectations of operating as a CCP or a CMP.

• Tier 1 Standards went live July 1, 2014

• Tier 2 Standards will go live July 1, 2015 WITH a baseline year (no penalty year)
Provider Standards

- Are published as policy in PolicyStat

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

- **Tier 2 Standards: 01-230**
Tier 2 Standards: Overview

- The CMP standards provide guidance regarding the unique expectations of being a CMP.
- Each CMP is required to operate in compliance with the CMP standards set forth by DBHDD
- Standards 1-14 apply to all CMPs
- A subset of CMPs (CMP+s) have additional requirements.
  - Required to follow standards 1 through 14 and where applicable use the “a” version
  - CMP+s also adhere to standard 15
- Each CMP standard has key performance indicators (KPI) that identify targets for expected outcomes.
## Tier 2 Standards: Overview

### Standard 1: Administrative Infrastructure*

TOTAL WEIGHT: 15%

<table>
<thead>
<tr>
<th>KPI</th>
<th>INDIVIDUAL KPI WEIGHT (IN POINTS)</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Background checks are completed on 100% of direct care/contact staff and in compliance with DBHDD Policy Criminal History Records Checks for Contractors, 04-104.</td>
<td>25</td>
<td>Attestation signed by CMP</td>
</tr>
<tr>
<td>2. Liability insurance is maintained in compliance with DBHDD and DCH Policy.</td>
<td>25</td>
<td>Copy of Insurance Policy</td>
</tr>
<tr>
<td>3. A business license/permit for each site is maintained.</td>
<td>25</td>
<td>Copy of State License/Permit</td>
</tr>
<tr>
<td>4. A Georgia Secretary of State registration is maintained.</td>
<td>25</td>
<td>Copy of State Registration</td>
</tr>
</tbody>
</table>
## Standard 2: Accreditation, Certification and Licensing

<table>
<thead>
<tr>
<th>KPI</th>
<th>INDIVIDUAL KPI WEIGHT (IN POINTS)</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Accreditation is granted by the accrediting body for one or more service types. The provider is responsible for ensuring that all service types provided by the organization are properly accredited as required in Accreditation and Standards Compliance Requirements for Providers of Behavioral Health Services, 01-103.</td>
<td>Accreditation</td>
<td>Attestation and Accreditation Letter signed by CMP</td>
</tr>
<tr>
<td>2. CARF</td>
<td>Accreditation</td>
<td>Attestation and Accreditation Letter signed by CMP</td>
</tr>
<tr>
<td>3. TJC</td>
<td>Accreditation</td>
<td>Attestation and Accreditation Letter signed by CMP</td>
</tr>
<tr>
<td>4. COA</td>
<td>Accreditation</td>
<td>Attestation and Accreditation Letter signed by CMP</td>
</tr>
<tr>
<td>5. CQL</td>
<td>Accreditation</td>
<td>Attestation and Accreditation Letter signed by CMP</td>
</tr>
<tr>
<td>6. HFR (DATEP)</td>
<td>Accreditation</td>
<td>Attestation and Accreditation Letter signed by CMP</td>
</tr>
</tbody>
</table>
Tier 2 Standards: Overview

Standard 3: Access to Services

TOTAL WEIGHT: 16%

<table>
<thead>
<tr>
<th>KPI</th>
<th>INDIVIDUAL KPI WEIGHT (IN POINTS)</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Responsiveness to initial request for service.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 0-2 Business Days – For initial intake scheduled assessment.</td>
<td>26.66</td>
<td>CMP Report</td>
</tr>
<tr>
<td>• 0-5 Business Days - Intake to scheduled appointment for Treatment.</td>
<td>26.66</td>
<td>CMP Report</td>
</tr>
<tr>
<td>• 0-14 Business Days – From intake to First scheduled MD appointment.</td>
<td>26.68</td>
<td>CMP Report</td>
</tr>
<tr>
<td>2. Appointment Canceled by Staff is less than 5%</td>
<td>20</td>
<td>CMP Report</td>
</tr>
</tbody>
</table>
## Tier 2 Standards: Overview

### Standard 4: Screening & Assessment for Community Behavioral Health Services

TOTAL WEIGHT: 10%

<table>
<thead>
<tr>
<th>KPI</th>
<th>INDIVIDUAL KPI WEIGHT (IN POINTS)</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No-show rate for Initial Intake Behavioral Health Assessment</td>
<td>34</td>
<td>Operational Report signed by CMP</td>
</tr>
<tr>
<td>should not exceed 25%.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. No-show rate for Treatment Outpatient Services (Non-Medical:</td>
<td>33</td>
<td>Operational Report signed by CMP</td>
</tr>
<tr>
<td>individual, family and group counseling) should not exceed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25%.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. No-show rate for Initial Psychiatric Evaluations should not</td>
<td>33</td>
<td>Operational Report signed by CMP</td>
</tr>
<tr>
<td>exceed 25%.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Tier 2 Standards: Overview

Standard 5: Eligibility for Community Behavioral Health Services

Deferred
## Tier 2 Standards: Overview

### Standard 6: Substance Use Disorder Treatment & Supports*

**TOTAL WEIGHT: 10%**

<table>
<thead>
<tr>
<th>KPI</th>
<th>INDIVIDUAL KPI WEIGHT (IN POINTS)</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A minimum of 9 hours per week of substance use disorder treatment services and supports is available for individuals diagnosed to have a substance use disorder.</td>
<td>15</td>
<td>Weekly Programming Schedule</td>
</tr>
<tr>
<td>2. A minimum of one FTE (or two 0.5 FTE) Certified Addiction Counselor, Level II (or equivalent), or fully licensed therapist (LCSW, LPC, LMFT) with substance use disorder treatment experience is required.</td>
<td>15</td>
<td>Attestation signed by CMP and Staff</td>
</tr>
<tr>
<td>3. Group counseling is offered 5 hours a week.</td>
<td>15</td>
<td>Copy of Certification or License</td>
</tr>
<tr>
<td>4. ADSS is provided at 1% of all Core Services Units Paid.</td>
<td>15</td>
<td>ERO Report generated by online website</td>
</tr>
</tbody>
</table>
## Tier 2 Standards: Overview

### Standard 7: Community Behavioral Health Services

**TOTAL WEIGHT: 10%**

<table>
<thead>
<tr>
<th>KPI</th>
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<th>DATA SOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Individual satisfaction surveys: maintain an aggregate score of 80% customer satisfaction.</td>
<td>50</td>
<td>Operational Report signed by CMP</td>
</tr>
<tr>
<td>2. 80% of individuals discharged will show an improved level of functioning on the ANSA/CANS tool.</td>
<td>50</td>
<td>Operational Report signed by</td>
</tr>
</tbody>
</table>
## Tier 2 Standards: Overview

### Standard 8: Required Staffing*

**TOTAL WEIGHT:** Met/Not Met

<table>
<thead>
<tr>
<th>KPI</th>
<th>INDIVIDUAL KPI WEIGHT (IN POINTS)</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Required staffing pattern is met.</td>
<td>Met/Not Met</td>
<td>License of the clinical director</td>
</tr>
<tr>
<td>2. Criminal history records checks are completed on 100% of direct care/contact staff in compliance with Criminal History Records Checks for Contractors, 04-104.</td>
<td>Met/Not Met</td>
<td>Attestation signed by staff and CMP</td>
</tr>
<tr>
<td>3. All requirements regarding staff background checks, CMS exclusion list checks, and staff training must be met by contracted staff and records maintained by the CMP demonstrating compliance.</td>
<td>Met/Not Met</td>
<td>Attestation signed by CMP</td>
</tr>
</tbody>
</table>
Tier 2 Standards: Overview

- Required Staffing Continued: See PDF document
## Tier 2 Standards: Overview

### Standard 9: Administrative Services Organization (ASO) & Audit Compliance

**TOTAL WEIGHT: 13%**

<table>
<thead>
<tr>
<th>KPI</th>
<th>INDIVIDUAL KPI WEIGHT (IN POINTS)</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provider attainment of 80% justified billing for audited services.</td>
<td>50</td>
<td>ASO Report</td>
</tr>
<tr>
<td>2. Provider attainment of 80% on overall ASO audit score.</td>
<td>50</td>
<td>ASO Report</td>
</tr>
</tbody>
</table>
## Tier 2 Standards: Overview

### Standard 10: Recovery-Oriented Care

**TOTAL WEIGHT: Met/Not Met**

<table>
<thead>
<tr>
<th>KPI</th>
<th>INDIVIDUAL KPI WEIGHT (IN POINTS)</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provider has completed the Recovery Oriented Inventory – Self Assessment tool <em>(Attachment A).</em></td>
<td>Met/Not Met</td>
<td>Attestation signed by CMP</td>
</tr>
</tbody>
</table>
## Tier 2 Standards: Overview

### Standard 11: Transitioning of Individuals in Crisis

**TOTAL WEIGHT:** 9%

<table>
<thead>
<tr>
<th>KPI</th>
<th>INDIVIDUAL KPI WEIGHT (IN POINTS)</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 90% of individuals are scheduled to be seen by a licensed or credentialed professional (associate or independently licensed clinician, or certified addiction counselor if substance use disorder is indicated) within seven business days of discharge.</td>
<td>50</td>
<td>Operational Report signed by CMP</td>
</tr>
<tr>
<td>2. 90% of individuals are scheduled to be seen by a licensed physician/psychiatrist/physician extender within 14 business days of discharge.</td>
<td>50</td>
<td>Operational Report signed by CMP</td>
</tr>
</tbody>
</table>
Standard 12: Crisis Management

TOTAL WEIGHT: 10%

KPI

1. 100% of GCAL no shows have an outreach attempt within one business day of missed crisis (urgent and emergent) appointment.

INDIVIDUAL KPI WEIGHT (IN POINTS) 100

DATA SOURCE

Operational Report signed by CMP
Tier 2 Standards: Overview

Standard 13: Quality Management

TOTAL WEIGHT: 3%

<table>
<thead>
<tr>
<th>KPI</th>
<th>INDIVIDUAL KPI WEIGHT (IN POINTS)</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Completed and updated quality management plan on file with CMP that meets the requirements outlined in the guidelines.</td>
<td>100</td>
<td>QM Plan Attestation</td>
</tr>
</tbody>
</table>
## Standard 14: Training

**TOTAL WEIGHT:** 3 %

<table>
<thead>
<tr>
<th>KPI</th>
<th>INDIVIDUAL KPI WEIGHT (IN POINTS)</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Training plan that meets the requirements outlined in the above guidelines is completed and updated annually and on file at the CMP.</td>
<td>100</td>
<td>Annual Training Plan by CMP</td>
</tr>
</tbody>
</table>
**Tier 2 Standards: Overview**

**Standard 15: Benefits Eligibility – ONLY FOR Tier 2/CMP +**

**TOTAL WEIGHT 5%**

<table>
<thead>
<tr>
<th>KPI</th>
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<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provider has policies and procedures in place for assisting individuals with making application for health benefits and/or other entitlements.</td>
<td>100</td>
<td>Copy of Policy</td>
</tr>
</tbody>
</table>
Monitoring & Compliance

- Report Schedule
- Report Technical Assistance
- Other Expectations & Helpful Information
The Future

The Georgia Collaborative ASO

http://dbhdd.georgia.gov/aso

DBHDD

http://dbhdd.georgia.gov

Georgia Crisis & Access Line
1-800-715-4225
http://mygcal.com

http://mygcal.com