

DBHDD Behavioral Health Overview

Brief Orientation for New Providers



DBHDD

Behavioral Health Provider Network

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 Provider Network

- * 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 DBHDD

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

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

Understanding the System

- * The Tiered System Design
- * Provider Standards
- * Key Performance Indicators (KPIs)
- * Compliance & Monitoring
- * Change in Payment Mechanisms

Tier 1, Tier 2 & Tier 3

Tier 1: CCP

- * Strengthening the Public Safety Net

Tier 2: CMP

- * Ensuring Choice
- * Quality Improvement

Tier 3: Specialty Network

- * An array of specialty treatment and support needed in the continuum of care

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 will serve in this capacity. The 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, 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 Providers

Tier 2 – Community Medicaid Provider

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

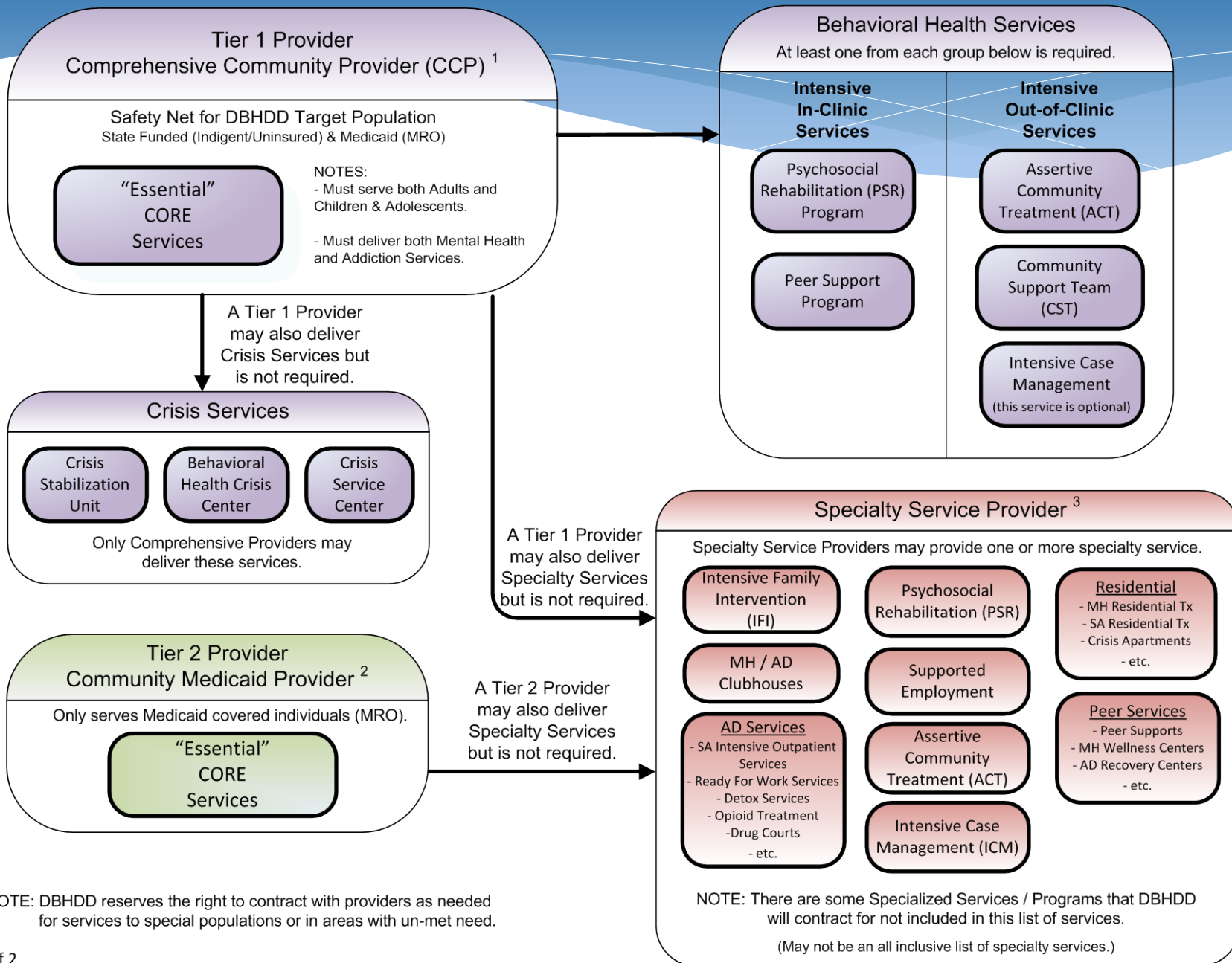
- * Offer the essential core benefit package of services
- * Serve Medicaid-covered individuals
- * Serve Both MH & AD Individuals

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



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

Provider Standards

Tier 1 CCPs AND Tier 2 CMPs will be required to operate in Compliance with the 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: CCP Standards

- * Administrative/Fiscal Infrastructure (15%)
- * 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 under construction. Projected to be available October 1, 2014.
- * Tier 3 standards are service specific, thus, standards for the services already exist.

Compliance & Monitoring

- * Providers are **required** to operate in compliance with the respective 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)

Final Key Points

- * When available, gain an understanding of the standards and the provider's ability to meet them.
- * Review the DBHDD Provider Manual and Services.
- * Ensure you will be able to serve **both** AD & MH populations
- * Offer the **full array** of services of the Core Benefit Package
- * Ensure competency in best practices for community care for the target population is in place.

Questions

