Community Behavioral Health Core Provider Redesign Initiative

Transforming Community Care

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

Evolving

What we know we need for our system:

* Community Safety Net
* Consumer Choice
* An Array of Specialty Care
* Competent Workforce
* Accountability
* Delivery of Best Practices
* Financial Stability

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)

Assumptions that Guide our Future: DBHDD

* We have significant improvements to make:
  * ASO (GCAL, Delmarva, APS)
  * **Re-Design of the Core Network**
  * Re-Engineering DD
  * Successful transitions to fulfill DOJ obligations

* Effectively manage a network of providers anchored in the public safety net (TA from E & Y)

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

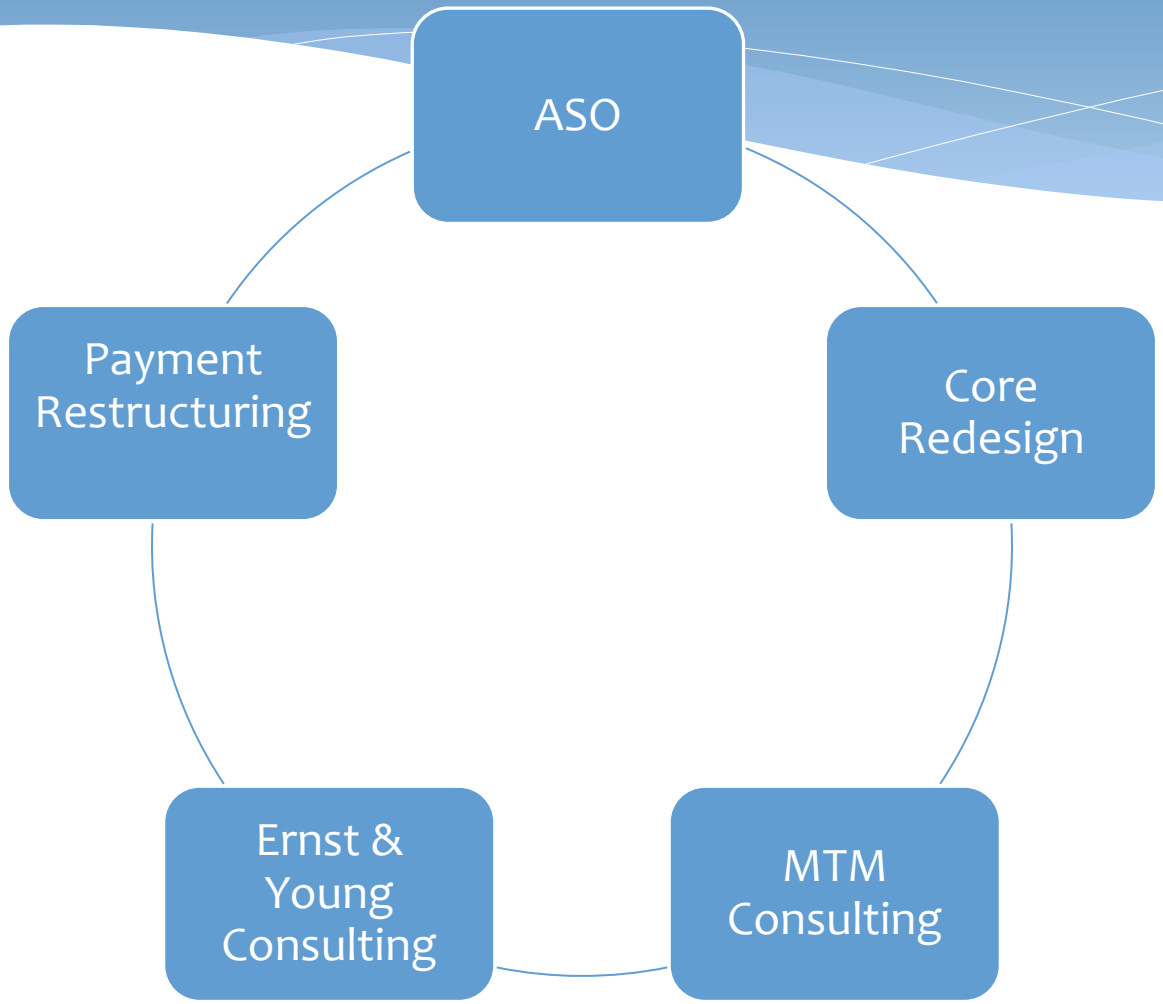
* Enhancing basic network infrastructure
  * ADA Settlement services are major enhancement to services for certain population
  * Core service infrastructure needs attention and funds are limited

Challenges & Opportunities

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

Moving Forward

Internal Strategies to Improve System



The Core Provider Redesign Workgroup

DBHDD Team

* Began 18 months ago
* Non-Core Provider issues
* Service Utilization
* Concept of Core Provider

MTM Consulting

* Partnership began a year ago
* Two Phase Approach
  * DBHDD Internal Consultation
  * 12 month Provider Consultation

The Team

* Monica Saxby Parker
* Cassandra Price
* Chris Gault
* Terri Timberlake
* Linda-Henderson-Smith
* Judy O. Feimster
* Melissa Sperbeck
* Camille Richins
* Robert Dorr
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* Carla Givens
* Kenneth Ward
* Michael Link
* Debbie Atkins
* Wendy White Tiegreen
* Travis Fretwell

Key Outcomes

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

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

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

Community Behavioral Health Provider Network Redesign

DRAFT (2014.07.17)

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)
	Intensive Case Management (this service is optional)

A Tier 1 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.)

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.

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

Tier 1 Overview

* 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)

Tier 1 Overview

* Audit scores based on audits performed by the department's external review organization. This will be **one** element of several standards.

Tier 2 Overview

- Providers are **required** to operate in compliance with the respective Standards.
- Providers will be evaluated on their performance to the overall standards.
- Audit scores based on audits performed by the department's external review organization. This will be **one** element of several standards.
- Will have similarity to Tier 1 process, but with some modifications. Communication about this will be forthcoming.

Technical Assistance

Tier 1

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

Tier 2 & Tier 3

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

Implementation

Implementation: Tier 1

May 2014

* Communication & Outreach Activities

July 2014

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

August – September 2014

* Adoption of Standards into DBHDD Policy Stat

Implementation: Tier 1

What to expect:

* Contract amendments during FY 15
* Communication
  * Dedicated project email address for all issues/questions
  * Regular Core Redesign Team Meetings to address issues and problem solve
  * Updated FAQs

Implementation: Tier 2

* **July 2014**
  * 7 Statewide Information Sessions
* **August 7th & 8th & November 17th & 18th 2014**
  * Learning Opportunities
* **During FY 15**
  * Individual Contract Reviews where applicable
* **July 1, 2015**
  * Go Live

Payment Restructuring

New Funding Framework

* Transitioning most Adult Core MH, SA and DD Services from Grant In Aid funding to Fee For Service beginning July 1, 2015

* Revised Cost Reimbursement Contracts for most other services. These contracts will require Providers to understand and communicate their complete costs for services and the impact of other revenue sources.

* Competitive Procurements

FY 2015 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
* FFS implementation during FY 2016
* Cost Reimbursement contracts will require Indirect Cost Plans where Federal funding is included.

FY 2015 Preparations

* Transition of Funding from Regional contracts to ASO holding account for FFS reimbursements
* Revised contracts – language and structure
* New invoicing and payment approval processes
* Improved and more comprehensive compliance monitoring
* New budget management and monitoring processes

ANSA & CANS

Functional Assessments

Service System Management

* Functional Assessment Instrument
* Helps with measuring progress and change
* Takes knowledge and imbeds it into the work consumers
* Streamlines the complexity of integrating different perspectives
* Effectively factors in the individuals needs, and provides pathway for modifying services to meet needs
* Tools that will capture information to help us make decisions based on individual needs

Adult Needs and Strengths Assessment (ANSA) Child and Adolescent Needs and Strengths (CANS)

Outcomes management tools

- Help with measuring progress and change
- Information Integration tool; takes knowledge and imbeds it into service delivery and generated data back to providers
- Developed from communication theory, facilitates linkage between assessment and service plan development
- Can be utilized to monitor behavior change by comparing scores over time
- Useful in treatment planning, program evaluation, level of care eligibility

Assessment Domains

ANSA

* Life Functioning Acculturation
* Behavioral Health
* Risk Behaviors
* Substance Abuse
* Trauma
* Suicide

CANS

* Trauma exposure
* Strengths
* Life Functioning
* Acculturation
* Behavioral/Emotional needs
* Risk Behaviors
* Caregiver needs/strengths

Individualized Assessment Modules

After assessing initial categories, if indicated based on those assessment the appropriate module would be completed;

* Suicide Risk
* Dangerousness
* Sexually Aggressive Behavior
* Criminal Behavior
* Physical/Medical
* Vocational/Career
* Developmental Needs
* Parenting/Caregiver
* Adjustment
* Resiliency Factors

Clinical Pathways/Level of Care

Each item suggests different pathways for service delivery:

* Ratings correlate to levels of care ranging from traditional outpatient services to intensive community based services to hospitalization
* Algorithms for levels of care/service planning delivery; levels 1-5, specific ratings correlate to outpatient, CM, ACT/CST, wraparound services, etc.

Implementation Activities

September 2014-March 2015 (training and support)

- Regional in person training for supervisors (1.5 days)
- Regional in person training for clinicians/practitioners (4hrs)
- Center of Excellence
- Participation in Regional Learning Collaboratives
- On-line training
- Agency specific TA and support
- Providers IT system integration

Late January-Late March

- Phase out use of Locus & CAFAS

April 1, 2015

- Go Live with ANSA/CANS

Impact

Tier 1: What does this mean for me?

Tier 1 Providers will need to:

* Understand the requirements and make internal decisions about their ability to meet the requirements and implement necessary changes.
* Gain an understanding of the standards and the provider's ability to meet them.
* Prepare to function as the Safety Net Provider.
* Participate with MTM in Technical Assistance
* Transition from LOCUS/CAFAS to ANSA/CANS

Tier 1: What does this mean for me ?

Tier 1 Providers will need to:

* Adapt business practices to prepare to transition from a grant-in-aid funding system for core funded services.
* Evaluate current business model to determine what you need to operate more efficiently and effectively.
* Determine internal mechanism for reporting on key performance indicators.
* Serve children and adults, individuals with both SA & MH needs and individuals who are deaf and hard of hearing.

Tier 2: What does this mean for me?

Tier 2 Providers will need to:

* Gain an understanding of the standards and the provider's ability to meet them.
* Ensure you will be able to serve both AD & MH populations
* Offer the **full array** of services of the Core Benefit Package
* Transition from LOCUS/CAFAS to ANSA/CANS

Tier 2: What does this mean for me?

Tier 2 Providers will need to:

* Where applicable, prepare for contract and payment mechanism changes for adult core grant in aid funding to FFS.

* Where applicable, prepare for transitioning of DBHDD State Funds for Uninsured Youth to transition to Tier 1 Providers during the period of **FY 16 – FY 17.**

Resources & Help

* DBHDD Website for project updates and information:

http://dbhdd.georgia.gov/

* Questions about implementation related activities:

coreproject@dbhdd.ga.gov

Questions