



**CAPITAL AREA BEHAVIORAL  
HEALTH COLLABORATIVE, INC.**  
*Established October 1999*

**CAPITAL AREA BEHAVIORAL HEALTH  
COLLABORATIVE, INC.**

**CONTINUOUS QUALITY IMPROVEMENT PLAN**  
**2018**

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## **INTRODUCTION**

The Capital Area Behavioral Health Collaborative (CABHC) is a private, not-for-profit company established in 1999 through the collaboration of Cumberland, Dauphin, Lancaster, Lebanon, and Perry Counties Mental Health and Substance Abuse programs in order to provide monitoring and oversight of the Office of Mental Health and Substance Abuse Services' (OMHSAS) HealthChoices Behavioral Health contract. The Counties collectively contract with a Behavioral Health Managed Care Organization (BH-MCO), PerformCare, that carries out the day to day operations of the HealthChoices contract. The goals of the OMHSAS HealthChoices Behavioral Health Program are to enhance Members' access to health care services, to improve the quality of care accessible to Members, and to stabilize Pennsylvania's Medical Assistance spending. In accordance with these goals, CABHC's mission is:

*To ensure access to and delivery of a coordinated, effectively managed, comprehensive array of quality mental health and substance abuse services that reflect the holistic needs of eligible residents throughout the five-county area.*

The Continuous Quality Improvement Plan (CQIP) incorporates actions that have been identified by the various standing CABHC Committees in which essential areas will be monitored and analyzed by CABHC. The CQIP also includes actions that are set forth in CABHC policies and procedures that require active monitoring and objectives that were generated by CABHC that complement the action items of the committees.

## **CLINICAL COMMITTEE**

CABHC's Clinical Committee is committed to monitoring the oversight of all treatment related activities. Some areas of focus include monitoring HealthChoices utilization, overseeing coordination of treatment services for all ages, reviewing continuity of care issues across all levels of care, overseeing the activity of Reinvestment Services, monitoring Behavioral Health Rehabilitation Services (BHRS), and analyzing best practices as well as assessing evidenced based practices. The CABHC Clinical Committee has identified the following goals for 2018.

### **Quality Assurance Activities under the direction of the Clinical Committee**

#### **1. Improving Behavioral Health Rehabilitation Services (BHRS)**

In 2013, CABHC, PerformCare, Counties and other stakeholders held a BHRS Summit to identify barriers that effect access to and the quality of BHR services, and developed a work plan to make improvements throughout the network. The BHRS work plan was finalized in early 2014 and work began on actions that were identified in the plan. Since the initial development of the work plan, action items have been completed and removed and new action items added. On a monthly basis, the Clinical Committee will review the progress of each of the action items outlined below and provide input as necessary. In addition, CABHC will participate on the work groups that are actively working to achieve each objective.

The following are the action items identified in the BHRS work plan.

### **BHRS Summit II Work Plan**

1. Establish ongoing PerformCare monitoring of Initial BHRS request/Access, streamline/improve coordination of process with providers and increase CCM participation in ISPT meetings.
2. Monitor the Clinic Based Integrated OP Therapy/MT model that will allow for ongoing clinically driven flexibility for place of service treatment
3. Establish collaborative methods for ongoing school engagement of behavioral health treatment when delivered in the school
4. Monitor the implementation and growth of the use of Functional Family Therapy
5. Expand Community Residential Rehabilitation-Intensive Treatment Program (CRR-ITP)
6. Evaluate and make recommendations for the development of new Level of Care alternatives to Residential Treatment Facilities

### **2. Reinvestment**

The Clinical Committee will review the CABHC reinvestment programs. Monitoring will be conducted quarterly with the committee via data reports and summary updates on all active reinvestment projects.

### **3. Review and Analysis of Standing Reports**

The Clinical Committee will review monthly reports that are prepared and presented by CABHC and/or PerformCare to monitor various dimensions of the HealthChoices program. These include but are not limited to Complaint and Grievances, Treatment Record Reviews, Critical Incidents, Restraints, Co-Occurring and Initiation and Engagement reports, along with ad hoc efficacy studies. The Committee will review and discuss various aspects of HealthChoices performance and make suggestions as necessary.

### **4. Improve the Quality of Treatment and Discharge Preparedness for Children and Adolescents in Residential Treatment Facilities**

The Clinical Committee recommended that a workgroup be convened to review the quality and performance of Residential Treatment Facilities (RTF) to identify key issues, and develop a list of possible initiatives that could be explored or implemented to improve treatment received in a RTF.

The following are the goals discussed by the workgroup to date, and it is expected that these goals will be modified and/or added to throughout the year.

- a. Improve the function and structure of ISPT meetings
- b. Outreach to Educate Psychiatrists on RTF Level of Care
- c. MNC/Utilization Management-Modify Times frames
- d. Explore alternative services and resources including the use of Evidenced Based Practices, that can be provided by the RTF to enhance existing RTF services

- e. Develop alternative services in lieu of RTF
- f. Develop an understanding of Building Bridges principles and explore applicability to RTF improvement

The Clinical Committee will monitor the progress of each of the recommendations through 2018.

**5. New Children Services Regulations**

In 2016, OMHSAS initiated workgroups to review existing bulletins and guidelines for the BHR children services, and provide recommendations for the development of new regulations. It is anticipated that the proposed draft regulations will be published and made available for comments before the end of 2018. When the regulations are published, the Clinical Committee will review the regulations and provide feedback to OMHSAS.

**6. Monitor the PerformCare Follow-Up after Hospitalization, Root Cause Analysis, (FUH-RCA)**

OMHSAS has required each primary contractor and BH-MCO to develop a FUH-RCA to improve seven and 30-day FUH scores. CABHC developed a FUH-RCA which was incorporated into a consolidated FUH-RCA by PerformCare. The Clinical Committee will monitor the progress of PerformCare in completing the action steps identified in the RCA.

**PHYSICAL HEALTH/BEHAVIORAL HEALTH (PH/BH) INTEGRATION**

CABHC has collaborated extensively with PerformCare with the objective to facilitate projects that will support the integration of physical health and behavioral health care that will improve the overall quality of Member's lives. By improving collaboration and integration, we would expect enhanced improvements of physical well-being and overall recovery of these Members. CABHC and PerformCare, along with the Counties have actively participated and supported the development of projects that achieve this objective. In collaboration with the Clinical Committee, a PH/BH Workgroup comprised of the Counties, CABHC, Consumers and PerformCare met in 2014 to discuss and brainstorm PH/BH projects that resulted in the selection of five PH/BH initiatives. PerformCare has completed three of the initiatives and CABHC will monitor the following two initiatives throughout 2018.

- 1. Cardiovascular Disease (CVD) Training** – Develop and provide face to face trainings and place on the PerformCare website a series of educational materials on the correlation between CVD, Depression and Anxiety:
- 2. Medical History Toolkit** – The goal of this project is to complete a useful tool for Members and family members to utilize at medical and psychiatric appointments. The tools will consist of medications, diagnoses, recent blood work and tests, emergency contacts, allergies and the names of their physicians.

CABHC has engaged with PerformCare in developing and implementing the following two integrated PH/BH projects:

**1. Pay for Performance/Integrated Care Plan**

OMHSAS issued Appendix E in 2015 that outlined activities that physical and behavioral health MCOs must develop to improve the integration of services. The activities include identifying (stratifying) high risk or users of services. Once the stratification is complete, physical health and behavioral health MCOs must develop an integrated care plan that will be used to better coordinate services. The MCOs must also notify each other whenever there is an admission into a hospital setting. CABHC will monitor the implementation and the reporting of outcome measures by PerformCare of the Appendix E requirements.

**2. Metabolic Monitoring and Care Coordination for Members Receiving Antipsychotic Medications**

PerformCare has developed a PH/BH project that will focus on individuals 18 and above who are discharged from an inpatient facility and prescribed an antipsychotic medication. This performance initiative will outreach to Psychiatrists to remind them of the recommended metabolic screenings based on best practice guidelines, and encourage collaboration with the PCP. PerformCare will outreach to the PCPs of Members who will have their medication managed by a PCP and for whom PerformCare is able to obtain a Release of Information (ROI) to permit communication between PerformCare and the PCP. The communication is intended to educate the PCP on recommended metabolic screenings based on best practice guidelines for patients on antipsychotics, offer consultation with a PerformCare Psychiatrist and coordinate with the members' physical health plan. CABHC will monitor the progress of this PH/BH performance initiative.

In addition to the activities outlined above, CABHC will be involved in the following approved reinvestment activities:

**1. Community Health Worker (CHW)**

Lancaster General Hospital has implemented the Community Health Worker (CHW) program focused on interventions with high utilizers of emergency department services who have a mental illness. The CHW program is modeled after the Penn Medicine IMPaCT model of CHW care. The objective is to determine if CHW interventions will improve post emergency room outcomes among low socio-economic individuals with corresponding mental illness.

**2. Nurse Navigator Program**

The Nurse Navigator program was developed in collaboration with CABHC, Dauphin County MH/ID, PerformCare, Northwestern Human Services and Gateway Health to assist people in their overall health care, including but not limited to outreach and engagement, extended health and BH screening to identify and stratify BH and PH risk factors, referral, care coordination, follow up, education, health promotion and coaching, and outcomes monitoring. The NHS nurse navigator utilizes a Health Risk Screening Tool to assist in identifying support and measuring outcomes.

## **PEER SUPPORT SERVICES (PSS)**

Certified Peer Specialists (CPS) are individuals who have self-identified as having received or currently receive mental health or co-occurring disorder services in their personal recovery process and have completed the certification training. These individuals assist Members with skill building, recovery/life goal setting, problem solving, self-advocacy and utilizing and building self-help recovery skills. CPS's can assist individuals who have a serious mental illness in achieving their personal recovery goals. They do this by promoting personal responsibility, self-determination, and the empowerment vital in self-directed recovery. This service can be very effective toward assisting Members in their recovery.

The Peer Support Services Steering Committee (PSSSC), which is supported by CABHC, provides a forum for CPS's, PSS Providers, the Counties, CABHC and PerformCare to assess the program and develop ways to improve the delivery of PSS. Identified goals of the Steering Committee for 2018 include the following:

**1. Revise the Certified Peer Support scholarship process:**

The PSSSC will review the current protocols used to review and approve CPS scholarships in order to improve the percentage of people who complete the training and are then able to gain employment.

**2. Evaluate current CPS training curriculum and recommend additional supplemental trainings to improve the preparation of CPS.**

The PSSSC will evaluate the current CPS training curriculum to determine how well it matches up with the requirements of a CPS and prepares them to be employed by a Peer Support provider. The PSSSC will recommend additional training that can be provided to CPS that will improve their knowledge and preparation in order to meet the requirements of a CPS.

## **CONSUMER FAMILY FOCUS COMMITTEE**

The Consumer Family Focus Committee (CFFC) brings together individuals who are HealthChoices members using Behavioral Health services, family members, interested Stakeholders PerformCare staff, CABHC staff and county staff from the collaborative. CFFC members serve as liaisons by providing pertinent information regarding HealthChoices, CABHC, State/County activities and updates to their respective home counties. CABHC values the participation of Members in the oversight of Behavioral Health HealthChoices and supports their involvement in all CABHC Committees, Board Meetings and Workgroups. The CFFC meets every other month to discuss current activities and propose additional goals. The following goals have been identified by the committee for 2018:

**1. Educational Presentations/Trainings:**

CFFC determines and plans educational presentations for the committee to expand the knowledge of committee members regarding current issues impacting behavioral health communities. The committee will select training topics that will be presented during the 2018 committee meetings. In addition, CFFC determines and plans training needs for the Counties by selecting training topics for stakeholders and

Members to be provided throughout the Counties. A training on Trauma Informed Care was scheduled for 2017 however, it had to be cancelled. The Committee will reschedule the training for 2018.

## **CONSUMER SATISFACTION SERVICES**

Consumer Satisfaction Services, Inc. (CSS) is a non-profit, consumer driven and consumer operated organization, that fulfills the BH HC appendix L requirement for Consumer/Family Satisfaction Teams, whose mission includes measuring Member satisfaction of behavioral health services. . CSS's goals include obtaining feedback on behavioral health services to determine if these services are meeting the standards set for quality, cultural sensitivity and effective treatment. Additionally, CSS seeks to ensure consumers of these services have a strong voice in evaluating the services that are being provided both from an individual provider review as well as from a HealthChoices Behavioral Health system review.

CSS facilitates the System Improvement Committee (SIC), which is comprised of representatives from CABHC, PerformCare, CSS, Counties, family members, surveyors and individuals in recovery. The SIC is focused on system and global issues that are identified by Members as part of their responses to satisfaction surveys. The committee analyzes the data, identifies appropriate issues and goals, and develops action plans to improve these issues. CSS, in collaboration with CABHC, has identified the following goal for 2018.

### **1. Increase Member participation with Consumer Satisfaction Surveys in completing the number of Substance Use Disorder surveys**

The current confidentiality laws for D&A services limit the ability of CABHC to provide Consumer information to CSS Inc. In order for CSS to complete surveys for people who receive D&A surveys, they must go directly to a D&A facility and offer to conduct satisfaction surveys with Consumers who volunteer to participate in the survey. The preferred option is that CSS request that the provider obtain a Release of Information for the Consumer's contact information, which will allow surveys to be conducted outside of the Drug and Alcohol facility. A pilot to obtain the release of information was started with two D&A OP Providers in 2017. The performance of the pilot will be reviewed and if successful, will be expanded to additional D&A providers in 2018. It is anticipated that the ability to conduct surveys in alternative settings will result in increased participation and improve the quantity and quality of information related to Drug and Alcohol services.



## **PROVIDER RELATIONS**

Effective management of behavioral health services through the HealthChoices Program requires PerformCare to create and maintain positive relationships with Providers throughout the network. These relationships permit PerformCare to support Providers while maintaining compliance with HealthChoices Program Standards and Requirements.

The Provider Relations Committee concentrates on monitoring PerformCare's Provider Network to assure HealthChoices access standards are being met and specialty needs are extended to Members. The Committee monitors PerformCare's process of bringing Providers into the network when needed. Additional actions of the Committee include: A review of satisfaction surveys that are completed by Providers; Monitoring the activities of the PerformCare Credentialing Committee with special attention given to any Provider required to be placed on a Corrective Action Plan (CAP); Reviewing routine access data.

The Provider Relations Committee identified the following goals for 2018.

### **1. Provider Performance**

CABHC monitors performance through an ongoing review and analysis of dashboard information provided by PerformCare, completion and analysis of routine reports, and ad hoc audits as necessary. Quality indicators such as readmission rates, access standards, claims denials for non-administrative reasons, complaints and grievances, the assessment of co-occurring disorder competency, appropriate aftercare planning and coordination of care and timely submission of treatment information are considered. The continuous review of data assists in identifying provider capacity and network needs, along with educating and providing feedback to Providers. In addition to the ongoing monitoring that CABHC conducts, the following activities will occur in 2018:

- 1) CABHC will distribute the annual Provider Satisfaction Survey that explores the relationship between Providers and PerformCare. Results from the survey will be analyzed and reviewed by the Committee, presented to the Board and shared with PerformCare. If necessary, a response from PerformCare may be requested by the Committee to address any questions or concerns identified in the results of the survey.
- 2) The CABHC Provider Relations Committee will collaborate with the PerformCare QI Department to further develop accurate and effective performance measurements which can be utilized by the network of Providers to improve service quality to our Members. In 2018, PerformCare will continue to report and consult with the Provider Relations Committee on their Provider profiling reports which look at comparing the quality of services using measurable outcomes by service type. The Provider profiling reports will be distributed by PerformCare in January and July 2018.

### **2. Provider Corrective Action Plans and Quality Improvement Plans**

The Provider Relations Committee will monitor Corrective Action Plans (CAP's) issued by the PerformCare Credentialing Committee to Providers based on referrals regarding Provider performance. The Provider Relations Committee will monitor CAPs by

reviewing the updates provided by PerformCare on how the provider is meeting the requirements of the CAP. CABHC will ensure that appropriate steps are taken by PerformCare based on the Provider's completion of or failure to satisfy the CAP requirements. Non-routine site visits are completed by PerformCare and CABHC to ensure the provider is adhering to all steps outlined in the CAP.

### **3. Routine Access Service Monitoring**

To ensure the provider network is meeting Routine Access standards (7 days) for medically indicated treatment, CABHC receives monthly dashboard reports from PerformCare containing data which reflects the performance of Providers in meeting the Routine Access standard. Each report reflects the performance of the network for the corresponding Level of Care (LOC). The reports will be reviewed by the Provider Relations Committee during each of their bi-monthly meetings.

In 2018, the Provider Relations Committee will identify one LOC which is consistently not meeting access expectations based upon the Routine Access standard. PerformCare will be requested to conduct a Root Cause Analysis to identify barriers that can be addressed to improve access in the identified Level of Care. The RCA will include stakeholders from all effected parties. CABHC will monitor the progression of all action plans that are developed and implemented by PerformCare. PerformCare will provide regular updates to CABHC's Provider Network Specialist based on the timelines established in the action plan, along with data to confirm improvement with meeting access standards.

### **4. Provider Self-Identification of Specialty Services**

New for 2018, the Provider Relations Committee will review the Population and Specialty Information section from the PerformCare Credentialing and Re-credentialing packet and review the packet for specialty services. CABHC will take the lead and work with PerformCare to validate the accuracy of the specialty services providers are indicating that they offer. Another outcome of this goal is to ensure that this information is available to Members, and Providers are communicating to the public and Members that they can perform the services and specialties.

If providers are unable to confirm being able to serve the populations they have identified, the Provider Relations Committee and PerformCare will require that the provider either remove that population from their Credentialing/Re-credentialing packet, or submit to the committee the steps they will take and verify that they can serve the populations they have identified.

## **VALUE BASED PURCHASING**

In 2017, OMHSAS developed Appendix U which is the Department's initiative to transition providers from volume to value payment models for the delivery of behavioral health services. Value based programs and payment models are critical for improving quality of care, efficiency of services and reducing costs. There is a continuum of different payment models that can be utilized for value-based purchasing that include performance-based contracting, bundled payments, shared savings, shared risk, capitation and capitation with performance-based

contracting. OMHSAS recognizes that the HealthChoices program will go through an extensive learning phase in order to transition to value-based payment models.

The transition from conventional fee for service to value-based purchasing will be phased in over a three-year period. In the first year, which for CABHC will begin 7/1/2018, 5% of CABHC's medical expenses must be expended through value-based contracts. This progresses to 10% of medical expenses must be associated with value-based purchasing in FY 2019-20 and then by the FY 2020-21, 20% of medical expenses must be under value-based payment models.

In 2018, CABHC along with PerformCare and in collaboration with providers, will develop value-based payment models that will meet the 5% medical expense threshold established by OMHSAS. The use of value-based payments is new to the HealthChoices Behavioral Health program and will require thoughtful planning and education with providers. Providers will be included in the change process so that they can prepare for the transition to value-based purchasing. The services that will initially be included in value-based payments will be limited to Family Based Mental Health, Multi-Systemic Therapy and MH Outpatient providers.

CABHC will monitor and assist providers and PerformCare to refine the models adopted and support its success. CABHC and PerformCare will also develop the expansion of VBP in 2018 to meet the 10% standard of medical claims being associated with VBP as well as moving up the continuum in which more risk and shared savings are realized.

## **REINVESTMENT**

Reinvestment Projects are developed from available HealthChoices treatment funds that are not expended during a given fiscal year, as well as any County or CABHC surplus administrative funds. If these funds are not designated to secure risk and contingency reserves or administrative costs, they can be designated for reinvestment. Reinvestment funds can be used as start-up costs for In-Plan Services, development and purchase of Supplemental Services (in lieu of or in addition to in plan services) or non-medical services that support Members' behavioral health.

There are four reinvestment projects that were approved through OMHSAS and have been maintained with reinvestment funds for multiple years. CABHC receives and evaluates monthly performance information to determine if stated objectives are occurring for each project. The information is reviewed for frequency, quantity, location of services and alignment with the objectives as outlined in each respective service description to assure that the needs of the individuals enrolled in each service are being met. The financial status of each project will be monitored to verify that reinvestment funds are expended appropriately and the projects stay within budget. The four projects include:

### **1. Respite Care**

CABHC provides Reinvestment funding to support the provision of Respite services to children/adolescents and adults. Respite services have been provided to Capital Area HealthChoices Members since 2004. The service is utilized primarily by children and adolescents and is typically provided in the Member's home. Youth Advocate Program is under contract with CABHC to provide day to day management services for the

Respite program. CABHC monitors the expenditures of the program on a monthly basis and meets quarterly with the respite management workgroup to review utilization, problem solve operational issues and discuss ways to expand services.

**2. Specialized Transitional Support for Adolescents (STSA)**

This program provides transitional support to adolescents ranging from 16 to 24 years of age and concentrates on areas such as employment, independent living skills, education, housing and community life. There are currently four STSA programs that include the Dauphin County CMU's Jeremy Project, Northwestern Human Services Stevens Center in Cumberland/Perry Counties, the Warrior Project run by Pennsylvania Counseling Services in Lebanon County, and Community Services Group in Lancaster County. Service utilization will be reviewed monthly and outcomes for the programs will be reviewed on a quarterly basis.

**3. The Substance Abuse Housing Support Program**

Upon completion of D&A non-hospital rehabilitation or halfway house treatment services, some individuals require transitional housing services in the form of a Recovery House that is designed to assist in their recovery. CABHC's Substance Abuse Housing Support Program provides scholarships to individuals who require financial assistance to use a Recovery House as part of their recovery from substance abuse. CABHC provides a scholarship that can be applied to the rental cost of the first two months in a Recovery House. Service utilization will be reviewed on a monthly basis. CABHC will provide an annual outcomes report on the efficacy and impact of the Program.

**4. Drug & Alcohol Recovery Specialist Services**

The Recovery Specialist Program (RSP) is designed to assist individuals who are in need of one-on-one recovery coaching to assist them to overcome the obstacles that keep them from succeeding in the D&A recovery process. The RSP serves individuals who chronically relapse and struggle to stay and complete treatment and remain in sustained recovery. Participants in the RSP are matched with Recovery Specialists (RS) who meet with them regularly. All services offered through the RSP are directed at improving and increasing participants' recovery capital, level of life functioning and ability to sustain recovery. The RASE Project is under contract with CABHC to manage the RSP. In 2018, CABHC will work with RASE and request from OMHSAS that the RSP be approved as a Medicaid eligible supplemental service. CABHC will continue to monitor the RSP and its transition over to a Medicaid funded supplemental service.

**Additional Reinvestment Activity**

In addition to the four sustained reinvestment projects mentioned above, there are 20 approved projects that are in various stages of development or operation. CABHC will take the lead in moving the Collaborative projects forward and will work closely with each County on their respective projects.

The following Reinvestment Goals are identified for 2018:

**1. Develop new Reinvestment Priorities**

CABHC will develop a new list of proposed reinvestment projects that utilizes funds from FY 16/17. A stakeholder workgroup comprised of Counties, PerformCare, Consumers and CABHC will be employed to develop and prioritize the list of projects. Project descriptions and budgets will be developed and submitted to OMHSAS for approval. Upon approval of the proposed reinvestment projects, CABHC will begin the task of pulling together workgroups that will develop work plans that will be used to guide the development of each project.

**2. Complete Annual Audit**

CABHC will complete an annual audit of all Reinvestment programs to confirm that the programs are in compliance with the terms of the program description and contract.

**FISCAL STABILITY**

Financial oversight continues as an ongoing, collaborative effort between CABHC staff and CABHC’s Fiscal Committee, who reports monthly to the Board. CABHC monitors the financial performance of the HealthChoices Program and PerformCare, as well as CABHC’s own financial operations to ensure there is sustained solvency and success of HealthChoices for the Counties.

**Priorities for Fiscal Operations for 2018**

**1. Financial Solvency of HealthChoices Program**

CABHC will report on and monitor the financial solvency of the Counties’ HealthChoices Program. This will be accomplished by reviewing medical claims surplus/deficit summaries prepared by the contracted actuary.

**2. Financial Reporting to OMHSAS**

CABHC will ensure accuracy and timeliness of financial data/reporting to OMHSAS by reviewing monthly, quarterly and yearly submissions to OMHSAS. CABHC will also respond to quarterly OMHSAS financial report reviews conducted by OMHSAS and all requested ad hoc reports.

**3. Monitoring of Behavioral Healthcare Expenses**

CABHC will monitor the Behavioral Healthcare expenses for the HealthChoices Program to determine actions that may need to be taken in a surplus or deficit situation. This will be ongoing throughout 2018. This will include monitoring the need to shift risk reserve funds to pay claims, assuring that the equity reserve meets minimum standards, that all reporting required by the surety company for the Performance Bond are maintained and designation of potential claims surplus is tracked for Board action.

**4. Monitoring of Reinvestment Programs**

CABHC will monitor the approved Reinvestment Programs fiscal and programmatic compliance throughout the year following CABHC’s developed policies and procedures.

CABHC will then provide a year-end monitoring report to the Fiscal Committee and auditors for review of reinvestment activities.

**5. CABHC and PerformCare Financial Position**

Monitoring and reporting on the financial position of CABHC and PerformCare is vital. The Fiscal Committee will review monthly CABHC, PerformCare Capital Region's Financial Statements and quarterly PerformCare Consolidated Financial Statements to determine solvency and compare administrative budget to actual expenses and revenues. All findings will be reviewed and presented at the Board's monthly meetings throughout 2018.

**6. Monitor HealthChoices Program Membership**

CABHC, along with the Fiscal Committee, will monitor the membership monthly. This will be accomplished by looking at two Membership spreadsheets; the first report is Membership with adjustment including growth rates, and the second report is net change in Membership for the months. These reports will look for any Membership trending that could impact the program.

**CONCLUSION**

Every year represents a collection of challenges in the management and delivery of behavioral health services to Members. These challenges can be embraced to further enhance the quality of our Program and meeting the behavioral needs of our Members. The Continuous Quality Improvement Plan will direct and guide CABHC in the best course for our goals, priorities and objectives for 2018. The results of the priorities stated in this Plan will be revisited and reported as part of the 2018 Quality Improvement Annual Report.