

CAPITAL AREA BEHAVIORAL HEALTH COLLABORATIVE, INC.

CONTINUOUS QUALITY IMPROVEMENT PLAN CY 2019

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INTRODUCTION

The Capital Area Behavioral Health Collaborative (CABHC) is a private, not-for-profit company established in 1999 through an Intergovernmental Cooperation Agreement between the counties of Cumberland, Dauphin, Lancaster, Lebanon, and Perry (Counties) to provide the management of the Office of Mental Health and Substance Abuse Services (OMHSAS) HealthChoices Behavioral Health contract. CABHC holds the contract with OMHSAS and contracts 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 mental health and substance use services, to ensure high quality care, and facilitate effective coordination with other services. 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 2019.

Quality Assurance Activities under the direction of the Clinical Committee

1. Clinical Initiatives

- A. Establish ongoing PerformCare monitoring of Initial BHRS request/Access, streamline/improve coordination of process with providers and increase Clinical Care Manager (CCM) participation in Integrated Service Plan Team (ISPT) meetings.
- B. Establish collaborative methods for ongoing school engagement of behavioral health treatment when delivered in the school
- C. Expand Community Residential Rehabilitation-Intensive Treatment Program (CRR-ITP)

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. Is there any outcome measure for this objective or is it just a process goal?

3. Review and Analysis of Standing Reports

The Clinical Committee will review monthly reports that are prepared and presented by CABHC 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, Initiation and Engagement, Follow-up After Hospitalization, Value Based Purchasing, BHRS reports, Flexible Outpatient, 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 goals that were discussed and approved by the workgroup will be developed into an action plan that will be monitored for progress by the Clinical Committee.

- a. Explore alternative services and resources
- b. PerformCare will explore decreasing member length of stay in RTF
- c. Improve quality of treatment received in RTF by use of evidenced based practices with fidelity
- d. Provide education and improve MHIP psychiatrists understanding of RTF service
- e. Provide RTF data to assess utilization and trends
- f. Facilitate regular RTF Provider meetings
- g. Improve Family Engagement

The Clinical Committee will monitor the progress of each of the recommendations through 2019.

PHYSICAL HEALTH/BEHAVIORAL HEALTH (PH/BH) INTEGRATION

CABHC has collaborated 2019with 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 the Member's whole person care. 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 2019.

- 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 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, an integrated care plan is developed to identify care needs to be addressed by the physical health and/or behavioral health MCOs. The MCOs are also responsible to 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 Primary Care Physician (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 antipsychotic medications, offer consultation with a PerformCare Psychiatrist and coordinate with the member's physical health plan. CABHC will monitor the progress of this PH/BH performance initiative.

3. Community Health Worker, Braided Funding

CABHC will partner with UPenn Lancaster General Hospital, AmeriHealth Caritas and PerformCare to develop a service model that incorporates the use of a Community Health Worker (CHW) in a primary care office. The CHW will assist individuals with a mental health diagnosis in identifying unmet care gaps that create barriers to improving physical

health or behavioral health function and will work with the individual to locate and access community resources that will help address physical and behavioral health needs.

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

1. Nurse Navigator Program

The Nurse Navigator program was developed in collaboration with CABHC, Dauphin County MH/ID, PerformCare, Merakey 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. CABHC will monitor the outcomes of the program and will work with Merakey in modifications to the service description as necessary to improve the success of the program.

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. The Recovery Plan is used to guide the Member and the CPS in their goals being worked on.

The Peer Support Services Steering Committee (PSSSC), which is facilitated 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 2019 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 quality of candidates that are funded to attend the training with the objective to increase the pool of qualified, quality CPS that can be employed by the providers. CABHC will implement the approved protocols and monitor the progress of candidates from completion of their CPS training through employment.

2. Develop Youth Certified Peer Specialists capacity throughout the Counties CABHC facilitated a work group, made up of Peer Support providers, PerformCare and the Counties to develop a best practice document that assists providers to develop peer support services for youth 14-18 years of age. The document will provide guidance as providers work with PerformCare and CABHC in developing their service descriptions and ultimately implementing youth peer support services. CABHC will monitor the

development of service descriptions and implementation of youth peer support services by providers to ensure that access standards are achieved.

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. 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 2019:

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 selected training topics that will be presented during the 2019 committee meetings that include Human Trafficking, Self-Advocacy and Learning how to Navigate the System and Medical Marijuana Part 2. In addition, CFFC determines and plans training needs for the Counties by selecting a training topic for stakeholders and Members to be provided throughout the Counties. For 2019 the Committee has selected the topic of; Effects of Early Childhood Trauma (Adverse Childhood Experiences/Reactive Attachment Disorder).

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 2019.

1. Provider Performance

CABHC monitors performance through an ongoing review and analysis of dashboard Provider Profiling information provided by PerformCare. 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 2019:

- 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 2019, 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 2019.

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 2019, the Provider Relations Committee will determine if any LOCs which are consistently not meeting access expectations based upon the Routine Access standard. If this is identified, PerformCare will be requested to conduct a Root Cause Analysis to identify barriers that can be addressed to improve access in the identified Level(s) 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. The Provider Relations Committee will monitor this process and the impact any action steps have on the access measure.

4. Provider Self-Identification of Specialty Services

The Provider Relations Committee (PRC) wants to confirm that information related to provider specialty capacity in their services which is reported to PerformCare is accurate and maintained on the PerformCare website. The PRC has identified four specialty areas that providers identify that they have expertise or the resources to meet individual needs. These include; Co-Occurring competency, languages, LGBTQ and Evidenced Based Practices. CABHC will take the lead and work with PerformCare to validate the accuracy of the specialty services providers are indicating that they offer as identified in PerformCare's provider search function on their web site.

If providers are unable to confirm being able to serve the populations they have identified, the Provider Relations Committee will request that PerformCare develop a plan to improve the monitoring of specialty information submitted by providers and the accuracy of the information maintained on their web-site.

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 (using state fiscal year periods), which for CABHC began 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 2019, CABHC along with PerformCare and in collaboration with providers, will develop value-based payment models that will meet the 10% medical expense threshold for FY 2019-20 and will report on the success of the FY 2018-19 plan. The services that will be included in value-based contracts are Family Based Mental Health Services, Multi-Systemic Therapy and

MH Outpatient Clinic and Partial Hospitalization providers. BHRS will be added in FY 2019-20 with one provider.

CABHC will monitor the efficacy of the payment models and report on the outcomes that are included in each plan.

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, 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 CCABHC 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, including the securing of respite providers and paying for the respite services delivered. 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, Merakey 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 Recovery House Scholarship 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 Recovery House Scholarship 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. MH/ID Behavioral Support Program

The MH/ID Behavioral Support program provides funds for three Mental Health and Intellectual Disabilities teams consisting of two professionals that assist Members 18 years and older with a serious mental illness and a diagnosis of intellectual disability. The team includes a Behavioral Specialist and a Licensed Nurse who work with individuals, their families and other support systems. This service includes completion of a bio-psychosocial assessment that is used to develop a treatment plan for the individual, focusing on their behavioral issues/needs, interventions, and other related needs. All direct services conducted by this team are considered mobile because they are delivered in settings outside of an office (often in the home or community).

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 full list of reinvestment projects is included as Attachment A.

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 2019

1. Financial Solvency of HealthChoices Program

CABHC will report on and monitor the financial solvency of the HealthChoices Program. This will be accomplished by reviewing medical claims surplus/deficit summaries monthly 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. The audit committee will review the yearly submitted audit and report findings to the Board of Directors.

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 2019. 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. Yearly the committee will also review the AmeriHealth Caritas Audited Financial statements and PC Supplemental Statement. All findings will be reviewed and presented at the Board's monthly meetings throughout 2019.

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.

7. CABHC HealthChoices Single Contract Development

As a result of changes promulgated by the Center for Medicare/Medicaid services, there were changes with reimbursement methodology. It was the recommendation of OMHSAS to CABHC to transition from five County contracts with DHS to a single CABHC contract. Along with developing all new contracts, CABHC will develop new fiscal mechanisms and reports that will comply with all requirements for a single contract.

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 2019. The results of the priorities stated in this Plan will be revisited and reported as part of the 2019 Quality Improvement Annual Report.