



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

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

CONTINUOUS QUALITY IMPROVEMENT PLAN
CY 2026

Presented by: Scott W. Suhring

Prepared by: Amanda Treadwell

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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 is to improve the accessibility, continuity, and quality of services for Pennsylvania's MA populations, while controlling the program's rate of cost increases. 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 Board directed 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. The Clinical Committee's responsibilities include monitoring HealthChoices utilization, overseeing coordination of treatment services for all ages, reviewing continuity of care issues across all levels of care, monitoring the activity of Reinvestment Programs, monitoring Intensive Behavioral Health Services (IBHS), and analyzing best practices as well as assessing evidenced based practices. The CABHC Clinical Committee has identified the following goals for 2026:

1. Reinvestment

The Clinical Committee will monitor the activity of CABHC reinvestment programs that includes a review of data reports and summary updates on all active reinvestment projects and will provide feedback to CABHC as necessary. The review will assess the project's implementation progress, objectives, and effectiveness with meeting the project's objectives. The Committee will analyze key deliverables and provide insight and actionable feedback based on the review.

2. Review and Analysis of Standing Reports

The Clinical Committee will review monthly reports that are prepared and presented by both CABHC and PerformCare on a routine basis. The Clinical Committee will review the information and discuss trends, inconsistencies, and/or concerns, and potentially

request follow up by CABHC and/or PerformCare and when applicable, suggest areas for additional development. The list of reports, while subject to change, include (but are not limited to) IBHS and FBMHS, EBP Utilization, School Based utilization, Critical Incidents, Restraints and Seclusions, Initiation and Engagement of Substance Use Services, Follow-up After Hospitalization, Value Based Purchasing and additional ad hoc reports as warranted.

3. Monitor the Implementation of the 2026-2029 Suicide Prevention PIP

OMHSAS required all BH-MCOs to develop a Process Improvement Plan (PIP) with a focus on Suicide Prevention. The Clinical Committee will receive regular updates from PerformCare on the development of the PIP and the effectiveness of all applicable interventions. Opportunities to provide feedback to support the implementation of the different objectives will be provided.

4. Monitor the Implementation of the Crisis Walk-In Centers

The Clinical Committee will monitor the implementation of the newly developed walk-in centers and will request pertinent information to review its impact on Members and all aspects of treatment. Reports to analyze efficacy will be developed as needed to assess any impact of the Crisis Walk-in Centers to system wide trends.

PEER SUPPORT SERVICES (PSS)

Certified Peer Specialists (CPS) are individuals who have self-identified as having received or currently receiving mental health or co-occurring disorder services in their personal recovery process and have completed the Peer Specialist training and passed the PA Certification Board's testing to become certified. 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 with the support of 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, Peer Support Service (PSS) Providers, the Counties, CABHC and PerformCare to assess the program and develop ways to improve the delivery of PSS. The following goal has been identified for CY 2026:

1. Increase the Number of Sponsored Applicants Attending CPS training:

CABHC will sponsor applicants interested in pursuing their CPS certification. Using the CPS Scholarship applicant protocol developed by the PSSSC, CABHC will schedule interviews for potential applicants interested in obtaining a scholarship for the CPS training. CABHC will monitor the completion of the training and eventual employment and certification of all scholarship recipients. The goal is to increase the number of scholarships by 25%.

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 and County staff. CFFC members serve as liaisons by providing pertinent information regarding HealthChoices, CABHC, State/County activities and updates to their respective home County. 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 with the HealthChoices program and any local issues. The following goals have been identified by the committee for 2026:

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 2026 committee meetings. 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 2026, the Committee is reviewing various training topics. Once selected, CABHC will secure a topic expert(s) for the training and coordinate its development, culminating in the training being offered to the targeted stakeholders.

2. Advocacy:

The CFFC discussed the need to explore ways that would increase committee member understanding of how to effectively advocate for behavioral health services. This would include advocacy at the grass roots level as well as providing education to those at the policy level.

3. Consumer/Family Satisfaction Team (C/FST) Surveys:

The CFFC has expressed an interest to increase committee member knowledge of the information that is obtained and presented in consumer satisfaction survey reports. The Member Relations Specialist will request that Consumer Satisfaction Services, Inc. (CSS) and PerformCare develop and present a combined presentation to the CFFC on the results of their surveys.

4. Reinvestment

The CFFC will play an active role in identifying potential reinvestment projects and participating in CABHC's reinvestment planning and prioritization process, whenever reinvestment funds are available. Reinvestment will be a standing agenda item for all CFFC meetings

5. Recruitment of New Committee Members

The CFFC will actively seek new membership. A small subgroup will review the previous recruitment packet and make the necessary changes in order to create a viable strategic plan to attract new membership.

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 (PRC) concentrates on monitoring PerformCare's Provider Network to assure HealthChoices access standards are being met and treatment needs are available 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; Monitoring Value Based Purchasing model performance; and Monitoring CABHC's audit of PerformCare's complaint and grievance process.

The Provider Relations Committee identified the following goals for CY 2026:

1. PerformCare Performance

CABHC monitors performance through an ongoing review and analysis of dashboard information provided by PerformCare, such as but not limited to Routine Access, Psychiatric Access, Partial Hospitalization capacity and Peer Support Capacity. Through these performance measures, the Committee will assess that PerformCare demonstrates that the HealthChoices program is meeting expected quality and access standards. The continuous review of data by the Provider Relations Committee assists in identifying provider capacity and network needs. Feedback will be provided as necessary to PerformCare by the Provider Relations Committee.

2. Provider Satisfaction Survey

CABHC will distribute the annual Provider Satisfaction Survey that reports on 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.

3. Provider Profiling

The 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 CY 2026, 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 amongst Providers using measurable outcomes by service type. The Provider Relations Committee will provide feedback to PerformCare regarding changes or improvements that can be made to the reports.

4. 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 quality-of-care concerns of a Provider's performance. The Provider Relations Committee will review a report prepared quarterly that reviews any follow-up actions of CAP's and any quality concerns identified by PerformCare, verifying that action steps have been taken. 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 may also be completed by PerformCare and CABHC to ensure the provider is adhering to all steps outlined in the CAP, and the outcomes are reviewed at the Provider Relations Committee.

5. Routine Service Access 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) over a 12-month period. The reports will be reviewed by the Provider Relations Committee during each meeting.

Additionally, the Provider Relations Committee may identify one LOC that is consistently not meeting access expectations based upon the Routine Access standard and may request that PerformCare conduct a Root Cause Analysis to identify barriers and develop interventions that will lead to an improvement in access. The Provider Relations Committee will monitor the development, implementation and the impact the interventions have on the access measure.

PHYSICAL HEALTH/BEHAVIORAL HEALTH/HUMAN SERVICES (PH/BH/HS) INTEGRATION

CABHC has collaborated with PerformCare with the objective to facilitate projects that will support the integration of physical health, behavioral health, and local human services that will improve the overall quality of Member's lives, many times referred to as whole person care. State initiatives continue to focus on developing strong working relationships with Physical Health MCOs and Community Based Organizations in order to improve collaboration and integration of the Member's whole person care.

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

1. Pay for Performance/Integrated Care Plan

The activities that are outlined in OMHSAS' Program Standards and Requirements Appendix E stipulate that Physical and Behavioral Health MCOs must develop collaborative efforts that will improve the integration of PH/BH services. The activities include the development and implementation of Individual Care Plans (ICP) based on

identifying (stratifying) individuals that are high risk of physical health and/or behavioral health needs. CABHC continues to monitor PerformCare's process in sharing the ICP with the Member. Appendix E also requires that MCOs address ten performance measures. CABHC participated in the development and monitoring of interventions to improve the performance of the outcome measures. Interventions that will continue in 2026 include:

- Shared information between PHMCO and PerformCare for real time Emergency Department utilization and Care Management follow up;
- Use of evidence-based discharge planning to improve follow up care rates and reduce readmission rate;
- Improving both initiation and engagement in substance use treatment through better discharge planning and connections with Certified Recovery Specialists as well as expansion of Medication Assisted Treatment providers
- Continued relationship with local para-medicine programs that will support individuals being discharged from MH inpatient facilities to address medication administration, care gaps and follow up support; and
- Monitoring and assessing the ICP process with each PHMCO to assure that the ICP developed are targeted to the Members in most need of such coordinated care.

Collaboration between PerformCare and CABHC will continue in 2026 to monitor successes and limitations in these interventions in order to effect change in the required measures.

2. PHMCO Partnership

A paramedicine program in partnership with Lancaster EMS was solidified and began in 2023, which is able to support Members in Lancaster County. This program was modeled after a program that was developed by AmeriHealth Caritas for physical health hospital discharges. Referrals and monitoring of this project began in early 2023, with preliminary outcome reports around the impact on follow up treatment and readmissions show positive results. Reporting was developed using the HEDIS Follow up after Mental Health Inpatient and the HEDIS Readmission measure, to monitor efficacy of this program. Monitoring of the reports and this program will continue in 2026.

3. Physical and Behavioral Health Data Integration

Since CABHC embarked to develop with our data partner, ACA, Inc. the ability to integrate Member physical health data with their behavioral health data, utilizing these additional data points to identify trends and gaps in service has been critical in gaining more insight into Member care needs. The integration of this data has included the physical health data being consolidated into nine distinct chronic conditions, and pharmacy data had also been included in the integration project which adds additional analytic capabilities. The PH and BH data integration has created the ability to compare health outcomes across populations and is being utilized to review and analyze the impact between behavioral health and physical health care. In 2026, CABHC will continue to look at specific areas in the HealthChoices program to analyze the PH and BH data and the impact on Member health outcomes.

4. Mobile Psych Nursing (MPN) Program

Mobile Psych Nursing (MPN) program was developed 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. Merakey and Behavioral Healthcare Corporation are the two providers that offer this service in the Counties. With the PH and BH data integration, CABHC will monitor the impact of this service on areas such as, but not limited to, decrease in the utilization of the emergency department and improved evidence of monitoring and screening of identified health conditions. Reporting was created to monitor the impact of MPN on health conditions, using three PH-BH measures from the PSR Appendix E. The three measures are: Diabetes Monitoring for Members with Serious Persistent Mental Illness who are Using Antipsychotic Medications, Comprehensive Diabetes Care for Members with Serious Persistent Mental Illness with Hemoglobin A1C (HBA1C) Poor Control, and Lipid Monitoring for Members with Cardiovascular Disease with Serious Persistent Mental Illness. Monitoring of these reports will continue in 2026.

5. Community Based Organizations

CABHC began contracting with Community Based Organizations in late 2022. Individuals that are referred to a Community Based Organization (CBO) can receive support from a Community Health Worker (CHW), as well as financial support for identified social determinants of health needs. These supports are identified to have a positive impact on whole person care, linking PH, BH and social determinants of health. Further information on these services is included below in the Community Based Care Management Program (CBCMP) section as well as the Value Based Program (VBP) section.

COMMUNITY HEALTH CHOICES

Community HealthChoices (CHC) is Pennsylvania's mandatory managed care program for individuals who are dually eligible for both Medicaid and Medicare, and older adults and individuals with physical and psychiatric disabilities that reside in Nursing Care Facilities. For CABHC, CHC has expanded behavioral health services to adults who are eligible for the program and reside in a nursing home.

There has been a need identified in nursing homes to develop a behavioral consultation service that will target Members who have a diagnosis of dementia with behavioral disruption. CABHC continues to work with PerformCare to solicit proposals from qualified providers who are able to target a small number of nursing homes for behavioral consultation. PerformCare had identified a Nursing Home that has interest to participate in this project. At the end of 2025, a Request for Proposal was distributed to select providers and a selection committee was developed. The review of the proposals, selection of a provider and development of this project will continue in 2026.

COMMUNITY BASED CARE MANAGEMENT PROGRAM (CBCMP)

CABHC has contracts with the four Federally Qualified Health Centers (FQHC), located geographically in the Counties, to enhance coordination of services for Members who are receiving behavioral and physical health services. Objectives of this program include the reduction of the use of emergency departments and reduce Healthcare disparities. The FQHCs utilize Community Health Workers (CHW) to engage with Members to assess, plan and in collaboration with the Member, coordinate BH and PH services. In addition, the CHWs work closely with the Member to identify Health Related Social Needs (HRSN). CABHC will continue to provide reinvestment funds so that the FQHCs can utilize their existing relationships with CBOs and internal programs to purchase HRSN commodities that will address the needs of Members, as well as monitor the utilization patterns of the CHWs.

Another project using the CBCMP funds supports the requirement that Value Based Purchasing Plans must include the engagement of Community Based Organizations. The three CBOs identified will continue to maintain CHWs that will be able to meet with Members who are referred by providers that are part of the VBP programs to assess their HRSN needs. Additional resources are available to the CHWs and CBOs to purchase HRSN commodities. In 2025, CABHC began assessing specific data related to parts of the CBCMP program to determine the impact this support has on the outcomes related to the VBP program and providers. This will continue in 2026, as well as presentation of the report findings.

The last project under the CBCMP involves CABHC contracting with Lancaster Emergency Medical Services (LEMS) for a paramedicine program. PerformCare refers Members that are preparing to be discharged from MH IP services that are in need of follow-up in the community. The paramedicine professional from LEMS addresses areas of need that may consist of medication reconciliation, physical health concerns or HRSN needs. Referrals began in early 2023 and will continue to be monitored in 2026, assessing the impact on Member care. LEMS staff submit monthly encounter data to CABHC, that is loaded into the CABHC database. Reports have been developed to analyze the impact LEMS services has on timely access to follow up after hospitalization treatment and readmission rates. Initial outcome reports analyzed in 2024 and 2025 revealed positive impacts on both follow-up after hospitalization and readmission rates. These outcomes will continue to be monitored in 2026 and potentially will look to expand this service within other Counties.

Agencies involved with the Value Based model of CBCMP submit data monthly to CABHC through a web-based portal that is loaded into the CABHC data base. The data is incorporated with existing data that will be utilized to evaluate whole-person care. CABHC will continue to manage this program and collect and integrate CBCMP data within the data warehouse so that the impact of these CBCMP services on the Members' health can be assessed. Outcome reports on such impacts were developed and analyzed during 2025 and will continue to be monitored in 2026.

VALUE BASED PURCHASING (VBP)

OMHSAS requires that the Primary Contractor and its BH-MCO must enter into VBP payment arrangements with Providers. 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, shared savings, shared risk, bundled payments, and global payment strategies.

The transition from conventional fee for service to value-based purchasing has been phased in since its inception in 2017. In CY 2026, 30% of medical expenses must be under value-based payment models. At least 15% % of the medical expenses must be associated with VBP contracts that fall into the medium or high-risk models.

In CY 2026, OMHSAS continues to require the Transition to Community universal VBP that all PCs must have, in addition to the other models approved by OMHSAS, that standardizes performance measures to better support care transitions from psychiatric inpatient (IP) discharge to community-based behavioral health services. Requirements include but not all are required; standardized performance measures tied to payment for IP Providers; standardized data collection for outpatient (OP), Behavioral Health Home Programs (BHHP), and Case Management VBP models. The required standardized measures are:

- Follow up after Hospitalization (FUH) for mental illness — The measure identifies the percentage of Members who received follow-up within 7 days and 30 days of discharge.
- PA Specific Readmission — The percentage of acute inpatient stays for psychiatric care with subsequent readmission to inpatient acute psychiatric care within 30 days of the initial inpatient acute psychiatric discharge.

The VBP approved plan must also incorporate Community Based Organizations (CBOs) that address HRSNs. Eighty-five percent of strategies that are medium and high risk must incorporate one or more CBOs that together address two or more HRSN domains. CABHC/PerformCare must incorporate CBOs into VBP arrangements by either:

- Contracting with a CBO directly; or
- Contracting with a Network Provider that subcontracts with a CBO.

To meet the VBP requirements established by OMHSAS to include a relationship with CBOs that will address HRSN needs of individuals, CABHC entered into contracts with three CBOs. This includes Tri-County Community Action for Cumberland, Dauphin and Perry Counties, Community Action Partnership for Lancaster County and Lebanon County Christian Ministries in Lebanon County. Each CBO hired Community Health Workers that will be responsible for coordinating access to resources that will address the HRSN needs of Members. CABHC provides additional funds that supports the purchase of HRSN resources by the CBOs. The HRSN resources can include:

- Childcare access and affordability
- Clothing
- Employment

- Financial Strain
- Food insecurity
- Housing instability/homelessness
- Transportation
- Utilities

PerformCare has established that the FBMHS and the MST VBP programs will have direct access and relationships with the CBOs. Access to the support of the CHW and the funding for HRSN is expected to assist in the treatment outcomes for both programs. CABHC developed reporting templates for the CBOs to utilize to report on their CHW and HRSN activity that will be submitted to CABHC monthly. Reports will be reviewed so that the efficacy of the model can be monitored and evaluated.

In CY 2026, CABHC along with PerformCare and in collaboration with providers will continue to implement the value-based payment models that were presented to OMHSAS that will meet the 30% medical expense threshold. The services currently included in value-based contracts are Family Based Mental Health Services and Multi-Systemic Therapy associated with the CBO requirement. In 2025, this was expanded to include Members discharged from Mental Health Inpatient facilities, bringing the VBP plan into compliance with the 85% requirement as noted previously. The inclusion of MH IP VBP providers' access to the CBOs will be closely monitored to assess the impact on CBO resources and its effect on the desired outcomes.

REINVESTMENT

Reinvestment Projects are developed from available HealthChoices treatment funds that are not expended during a given fiscal year, as well as any PerformCare, 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 two reinvestment projects that were approved through OMHSAS that will continue in 2026. 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 three projects include:

1. 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.

2. The Substance Use 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 use. 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. An annual report on the impact and efficacy of the program will be provided. CABHC requires all homes that are included in the Scholarship program to meet the licensing regulations.

Additional Reinvestment Activity

In addition to the two sustained reinvestment projects mentioned above, there are eleven approved projects that are in various stages of development or operation. CABHC will take the lead in moving the projects forward and monitoring their designed impact on the system. CABHC will continue to monitor the reinvestment projects that received funds throughout 2026 to assure the program continues to perform per the approved plan. The full list of approved reinvestment projects is included as Attachment A.

FISCAL STABILITY

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

Priorities for Fiscal Operations for 2026

1. Financial Solvency of HealthChoices Program

CABHC will monitor and report on the financial solvency of the HealthChoices Program. This will be accomplished by reviewing medical claims surplus/deficit summaries prepared monthly by the contracted actuary, and sharing the results with both the Fiscal Committee and CABHC's Board of Directors.

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, comprised of the County Fiscal Committee Members, will review the yearly submitted audit and report findings to the Board of Directors.

3. Monitoring of Risk Reserves, Solvency Coverage, and Equity Requirements

CABHC will monitor the programs compliance with risk reserves, solvency coverage and the equity requirement per the terms of the contract with DHS. This will include monitoring the need to shift risk reserve funds to pay claims, assuring that the equity reserve meets minimum and maximum 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 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 Financial Statements to determine solvency and compare administrative budget to actual expenses and revenues. The committee will also review PerformCare’s Capital Area Financial Statements and quarterly PerformCare Consolidated Financial Statements to not only determine solvency and compare administrative budget to actual expenses and revenues but to also monitor the management and service fees PerformCare pays to their parent corporation. Also, yearly, the committee will review the AmeriHealth Caritas Audited Financial Statements and PerformCare Supplemental Statement. All findings will be reviewed and presented at the Board’s monthly meetings throughout 2026.

6. Monitor HealthChoices Program Membership

CABHC, along with the Fiscal Committee, will monitor the Membership monthly as in past years with an additional emphasis on monitoring the Membership for the ending of COVID Public Health Emergency and how this affects Membership/revenue. This will be accomplished by looking at two Membership spreadsheets; the first report is Membership with adjustments including growth rates, and the second report is net change in Membership for the months looking at both newly eligible and terminations. These reports will look for any Membership trending that could impact the program.

CONCLUSION

Every year represents a collection of challenges and opportunities in the management and delivery of behavioral health services to Members. These opportunities can be embraced to further enhance the quality of our Program and meeting the behavioral health 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 2026. The results of the priorities stated in this Plan will be revisited and reported as part of the 2026 Continuous Quality Improvement Annual Report.

Attachment A

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Specialized Transitional Support for Adolescents	All	Jeremy, NHS, Warrior CSG	C/P-Da. 04/05,05/06, 08/09,09/10/ 10/11 LB/LA 09/10,10/11, 11/12, 12/13, 13/14, 14/15, 15/16, 16/17, 17/18, 19/20, 2021, 2022, 2023	Various	Operational
Description:					
This project was started with the goal of giving support to adolescents from the age of 14-22 years who are CBHNP Members. These Members all are at a point where there is a need to begin planning their transition from children to adult services. The transitional program is designed to focus on four basic target domains to assist these individuals in becoming successful adults, including: Education, Employment, Independent Living, and Community Involvement. There are currently two providers for transitional services, The Jeremy Project in Dauphin County and NHS, Inc., The Stevens Center in Cumberland and Perry County.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
RH Scholarship Program	All	Various	04/05,05/06 08/09,10/11, 11/12, 12/13, 13/14, 14/15, 15/16, 16/17, 17,18 19/20, 2021, 2022, 2023	12/1/2007	Operational
Description					
There are a number of individuals who, when completing non-hospital rehabilitation or halfway house services for the treatment of substance abuse issues, require some form of transitional housing to support their recovery. This may include individuals who are homeless or whose prior living situation would have undermined their recovery efforts. A local network of Recovery Houses has been developed to provide a living environment that reinforces recovery. In order to assist individuals who qualify, CABHC can provide scholarships to fund up to two months' rent for a person to move into a Recovery House. CABHC began receiving scholarship applications in December 2007.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Embedding RSS in D&A OP Clinics	All Counties	PHS; Ponessa, PCS;Naaman, Genesis, Gaudenzia	17/18, 19/20, 2021, 2022	9/2018	Operational
Description:					
This project is to foster peer to peer recovery support services designed and delivered by persons in recovery which will network and build strong and mutually supportive relationships with formal systems in the community. The D&A Recovery					

Specialist service will expand by embedding Certified Recovery Specialists (CRS) into four licensed D&A OP clinics (one in each county with CU/PE being a joinder) and sustaining an existing embedded CRS with Perry Human Services. An RFP will be developed and sent out to selected licensed OP clinics.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
SDOH Projects	All	Varied	19/20, 2021, 2022, 2023	8/2021	Operational
Description:					
<p>Services are targeted to support adults and children/adolescents (children) who are enrolled in MA. The target population will either be part of the OMHSAS approved CBCMP FQHC program model, or through the County’s Case Management Unit/Crisis Intervention Service. This priority looks to achieve these objectives by developing two models that utilize reinvestment funds to support the funding of SDoH as provided by CBOs in our Counties. The first model ties the funding of SDoH as part of the OMHSAS approved Community Based Care Management Program that we operate with our four FQHCs utilizing Community Health Workers. Reinvestment funds will be leveraged to provide access to SDoH resources through a needs assessment conducted by the CHWs. The second model will operate the same as the first model but will broaden the population to be served by allocating funds to each of the Counties for use by their Case Management programs and Crisis Intervention. The funds will allow for a broader support of members that are not involved with the FQHC/CHWs but are just as much in need of supports with their SDoH.</p>					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
BH Urgent Care	Dauphin/Lancaster		19/20, 2021, 2022	1/1/2025	Operational
Description:					
<p>The BH Urgent Care Centers (BHUCC) will be targeted to open one in Harrisburg and one in Lancaster. The BHUCC would serve children/adolescents and adults on both a call-in scheduling function as well as a walk-in capacity. The BHUCC would operate Monday through Saturday with expected hours from 9-6 M-F and 9-2 on Saturdays, with evening appointments made available when indicated. The BHUCC will adopt a recovery-oriented approach that reduces and eliminates the trauma that is associated with ED, adopting the “Livingroom” approach and many of the characteristics from the emPATH model. The BHUCC will also be used as a step-down or bridge service to provide brief treatment and medication while an individual is waiting to get into their referred to service(s).</p>					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
ABFT	All	Varied	19/20	9/2023	Operational
Description:					
<p>Attachment Based Family Therapy (ABFT) will target youth who are HealthChoices eligible between the ages of 12 and 18 who have a mental health diagnosis with issues related to depression, suicidal thoughts, self-harm, past suicide attempts and/or significant trauma. ABFT will be available to be utilized in licensed MH OP clinics and delivered by a licensed master’s level mental health professional. ABFT is typically conducted over a 16-week period with regularly scheduled evaluations during monthly treatment planning meetings. The reinvestment funds will be utilized to pay for all the costs for up to 30 licensed clinicians to be trained and certified in ABFT.</p>					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Behavioral Health Supports for Nursing Home Facilities	All	Varied	2021	TBD	Under Development
Description:					
<p>This project is designed to develop a nursing home behavioral consultation service targeted to Community Health Choices Members who are residents in Nursing Facilities (NF) with a diagnosis of dementia with behavioral disruption. The service would be delivered by master’s or doctoral level clinicians with experience in functional behavioral assessment, behavioral plans, and/or experience working with the target population. The service also includes in person, hands on training for direct care nursing facility staff to implement, monitor and adjust behavioral plans as needed. The service will include periodic reassessments and changes or updates to behavioral plans. The duration of the consultation and training services is short term.</p>					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
D&A RSS Services, standalone program	All	Varied	2021, 2023	3/31/2025	Operational
Description:					
<p>This project would build on existing success of CRS services, and bring into the network a second free standing provider who will offer RSS in the Counties. A provider will be selected that will be located in our Counties and will receive referrals from other providers, the SCAs, and self-referrals seeking to benefit from the recovery support that RSS can offer. The implementation will support the hiring of 10 CRSS that will be assigned to a specific County or Counties based on the demand and the mix of where referrals reside. This service is to support the more formal treatment while addressing many of the life challenges persons face every day, most notable social determinants of health and resource access.</p>					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Contingency Management for Adults Training	All	Varied	2021	4/2024	Operational
Description:					
<p>Contingency management refers to a type of behavioral therapy in which individuals are ‘reinforced’, or rewarded, for evidence of positive behavioral change. These interventions have been widely tested and evaluated in the context of substance misuse treatment, and they most often involve provision of monetary-based reinforcers for submission of drug-negative urine specimens. This project will contract with a vendor who is recognized to provide training, mentoring of fidelity and eventual certification in CM by participating clinicians. The project would identify 5 D&A OP Clinics who would agree to the implementation of CM and to identify up to 5 therapists that are qualified to participate in the training.</p>					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Psychiatric Residency Program	All	Penn State	2021	7/1/2025	Operational
Description:					
<p>In concert with the Capital Area Behavioral Health Collaboratives, its Counties and their Members, Penn State Psychiatry Community Psychiatric Resident Track will expand an additional residency slot dedicated to work in partnership with community providers to support the training of 4 new psychiatrists and to have them work in ambulatory locations throughout the Counties.</p>					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Mental Health Psychiatric IP	All	UPMC	2023	TBD	Under Development
Description:					
UPMC/Western Psych is developing a new adult MHIP unit located in the structure of Harrisburg Hospital, and will include a small extended acute care unit. The unit will have a total of 20 beds, 4 will be for EAC, 16 will be acute beds. CABHC Counties will have sole use of the EAC beds.					