



Critical Access Behavioral Health Agency (CABHA) UPDATE

**Joint Legislative Oversight Committee on
MH/DD/SAS
April 14, 2010**

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Department of Health and Human Services**



GOALS:

CABHA IMPLEMENTATION

- o To ensure that mental health and substance abuse services are delivered within a clinically sound provider organization with appropriate medical oversight.
- o Move the system over time to a more comprehensive and coherent service delivery model
- o Increase economies of scale and efficiencies in the service system
- o Increase consumer/family/stakeholder confidence in our provider network



GOALS: CABHA IMPLEMENTATION CONT'D

- Reduce clinical fragmentation—Reduction of “Stand Alone” service delivery
- Increase provider “1st Responder” capacity
- Embed case management in comprehensive clinical provider
- Insure that consumers have access to an array of appropriate clinical services
- Increase accountability within the MH/SA service system—monitor service and referral patterns
- Provide a competent clinical platform on which to implement best practice service models



Basic CABHA Service Requirements

o Services that must be delivered within the CABHA structure:

- Community Support Team (CST), Intensive In-Home (IIH), Day Treatment (Effective July 1, 2010) **NOTE: CMS Approved CABHA as a Provider Qualification for the above services**
- New Services: Case Management/Peer Support – Pending CMS Approval



CABHA Certification Requirements

- Must provide the **core** services of:
 - Comprehensive Clinical Assessment
 - Medication Management
 - Outpatient Therapy

- Must deliver at least two enhanced services
 - In the same location where it provides the three core services to create a continuum of care



CABHA Certification Requirements Cont'd

- Active National Accreditation of at least 3 years
- Medical Director
 - 100% FTE for providers serving more than 750 consumers – 60% billing
 - 50% FTE for providers serving less than 376 – 749 consumers – 60% billing
 - 8 hours per week – 0 – 375 consumers – no billing *
- Clinical Director 100% FTE
- Quality Management/Staff Training Director 100% FTE

* Represents additional effort to scale Medical Director requirements for smaller providers – Implementation Update #71

Note: All providers must provide core services regardless of their size/Medical Director requirements



CABHA Certification Overview

- Attestation letter w/documentation
- Desk reviews conducted by DMH/DD/SAS
 - DMA/DHSR Collaboration
- Verification conducted by LME
 - Findings submitted to DMH/DD/SAS
- Interviews conducted by
 - DMH/DD/SAS Staff
 - DMA Staff
 - LME Staff



Desk Review

- Independent reviewers determine complete or incomplete
 - If discrepancy between reviewers LME Team leader and/or designee will review and make determination
- In addition to the desk review DMH/DD/SAS contacts the following agencies to determine “good standing”
 - DMA
 - DMH/DD/SAS Accountability and Consumer Services
 - DHSR



Verification

- Purpose

- Verifies the components of the Letter of Attestation
- LME confirms evidence of a provider's compliance with CABHA policy prior to an interview being scheduled



Interview - Staffing

CABHA Regional Certification Team

- Must be peer to peer (age, disability, education)
- Two staff from DHHS
 - One from LME Systems Performance Team
 - One from DMA
 - At least one of the above will be licensed
- Two staff from LMEs within the region
 - At least one must be licensed
- Medical Director from an LME in the region



Interview

- LME Systems Performance staff will serve as the team leader and be responsible for:
 - Identify/notify DMA and LME staff that will participate on the review committee
 - Coordinate interview
 - Track activities related to interview
 - Document results of interview
 - Send provider of decision in writing



CABHA Attestation Letters

- As of April 1, 2010, 550+ attestation letters received
- Providers submitting attestation letters by April 1 will be considered for CABHA certification by July 1.
- Tracking system established for attestation letters
- 300 providers have gone through desk review process
 - Providers notified of missing/deficient items
 - May resubmit as often as necessary to pass desk review
- 40 (13%) passed desk review and moved to “good standing” review
- 7 cleared for LME verification



Common Reasons for Not Meeting Desk Review Criteria

- Provider does not provide core services
 - Medication management, clinical assessment, outpatient therapy
- Provider does not have 3 year national accreditation
- Provider does not have 2 enhanced services providing a continuum
- Unable to verify credentials of licensed staff
- Not in “good standing” with DHHS
 - Outstanding paybacks, unresolved Type A licensure violations, etc.



DHHS Requests to CMS

- CMS has already approved CABHA requirements for Intensive In-Home, Day Treatment, and Community Support Team.
- Pending CMS request regarding CABHA and Case Management/Peer Support
- DHHS has requested CMS consider:
 - Begin CABHA implementation July 1, but allow 6 month transition period for existing providers, from July 1 to December 31, 2010
 - Permit CABHA agencies to subcontract with other providers for CABHA services
- No formal response yet from CMS



CABHA Monitoring

- Monitoring Goals
 - Quality Services
 - Implementation of Best Practice Care
 - Access
 - Choice
 - Referral to Appropriate Services
 - Primary Care Integration
 - Post-Discharge Continuity of Care
 - 1st Responder Capacity



CABHA Monitoring Cont'd

- CABHA Monitoring Workgroup
 - Consumers
 - DHHS Staff
 - LME Representatives
 - Providers
- Monitoring Work Plan
 - Review CABHA Policy & Procedures
 - Review Current Provider Monitoring Efforts
 - Develop Standardized CABHA Report Card



CABHA Monitoring Cont'd

- Monitoring Tools
 - Paid Claims Data (e.g. referral patterns, service utilization)
 - Consumer/Family Complaints
 - Consumer Satisfaction Data
 - NC Treatment Outcome and Program Performance System (NC-TOPPS) data
 - LME Provider Risk Assessment & Monitoring
 - Service Endorsement Results
 - Review of High Cost/High Risk Consumers
 - 1st Responder Survey Data
 - DMA Program Integrity Data
 - Tracking of ED Use and Post-Discharge Follow Up



Questions?
