

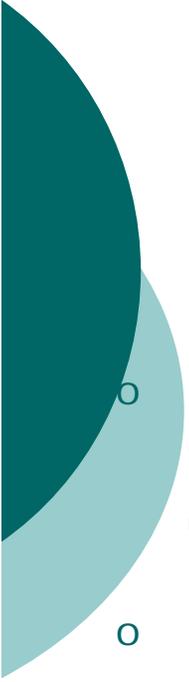


# **Critical Access Behavioral Health Agency (CABHA) UPDATE**

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

**Michael Watson  
Assistant Secretary for MH/DD/SAS Development  
Department of Health and Human Services**



# GOALS:

## CABHA IMPLEMENTATION

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



## GOALS: CABHA IMPLEMENTATION CONT'D

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- Reduce clinical fragmentation—Reduction of “Stand Alone” service delivery
- Increase provider “1<sup>st</sup> 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

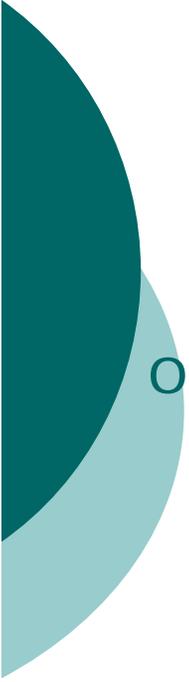


## **Basic CABHA Service Requirements**

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### **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

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- 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

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- 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

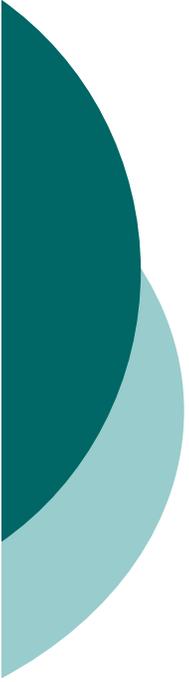
**Note: All providers must provide core services regardless of their size/Medical Director requirements**



# CABHA Certification Overview

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- 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

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- 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

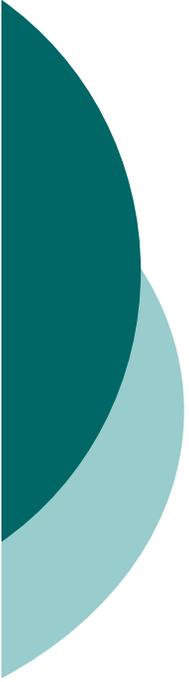


# Verification

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- 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

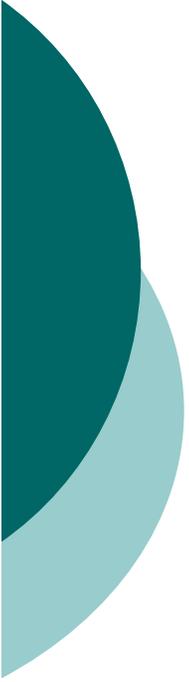


# Interview - Staffing

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## CABHA Regional Certification Team

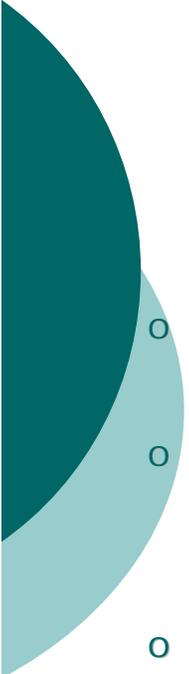
- Must be peer to peer (age, disability, education)
- Two staff from DHHS
  - One from LME Systems Performance Team
  - One from DMA
  - At least one of the above will be licensed
- Two staff from LMEs within the region
  - At least one must be licensed
- Medical Director from an LME in the region



# Interview

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- 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

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- 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

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- 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

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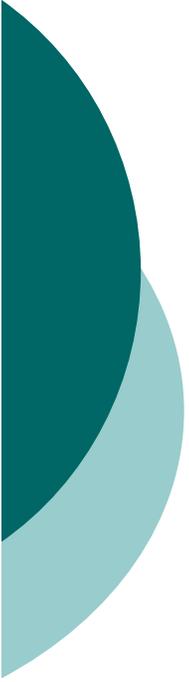
- CMS has already approved CABHA requirements for Intensive In-Home, Day Treatment, and Community Support Team.
- Pending CMS request regarding CABHA and Case Management/Peer Support
- DHHS has requested CMS consider:
  - Begin CABHA implementation July 1, but allow 6 month transition period for existing 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

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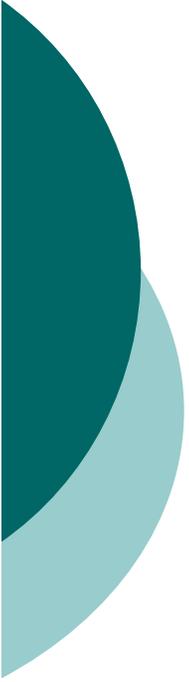
- Monitoring Goals
  - Quality Services
  - Implementation of Best Practice Care
  - Access
  - Choice
  - Referral to Appropriate Services
  - Primary Care Integration
  - Post-Discharge Continuity of Care
  - 1st Responder Capacity



# CABHA Monitoring Cont'd

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- 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

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- 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?

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