

CRITICAL ACCESS BEHAVIORAL HEALTH AGENCY (CABHA) UPDATE

Joint Legislative Oversight Committee on MH/DD/SAS
September 8, 2010

Michael Watson
Deputy Secretary for Health Services
Department of Health & Human Services

GOALS:

CABHA IMPLEMENTATION

- 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

- 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

- Services that must be delivered within the CABHA structure:

- Community Support Team (CST), Intensive In-Home (IIH), Day Treatment, MH/SA Case Management, (Effective January 1, 2011).

NOTE: CMS approved CABHA as a Provider Qualification for the above services.

NOTE: Service transition period = July – December, 2010

- New Service: Peer Support – Pending CMS Approval. Proposed implementation date = January 1, 2011

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

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

CABHA CERTIFICATION PROCESS

- Attestation letter with documentation
- Desk reviews conducted by DMH/DD/SAS
 - DMA/DHSR Collaboration (“good standing”)
- Interviews conducted by
 - DMH/DD/SAS Staff
 - DMA Staff
 - LME Staff
- Verification conducted by LME
 - Findings submitted to DMH/DD/SAS

CABHA CERTIFICATION

- Certified CABHAs = 67 (67% = For Profit)
- CABHAs completing Medicaid enrollment process = 30 Note: Additional 14 CABHAs in enrollment process
- CABHA applications in certification process = 208

NOTE: Received 170 applications in last few days of August

CABHA TRAINING

- August – 3 Regional CABHA training events – (100+ providers attended each session)
- Topics
 - Enrollment
 - Service Authorization
 - Billing
- Presentations by:
 - DMA
 - DMH/DD/SAS
 - CSC – Provider Enrollment
 - Value Options

CABHA TRAINING CONT'D

- Additional training sessions planned
- Active Joint DMA/DMH/DD/SAS CABHA Website

DISTRIBUTION OF CABHA REQUIRED SERVICES*

- # of CABHAs servicing consumers by county

- 5 Counties = 1 CABHA
- 50 Counties = 2 – 5 CABHAs
- 36 Counties = 6 – 10 CABHAs
- 2 Counties = 11 – 15 CABHAs
- 3 Counties = 16+ CABHAs

NOTE: 4 Counties do not currently have consumers receiving CABHA required services

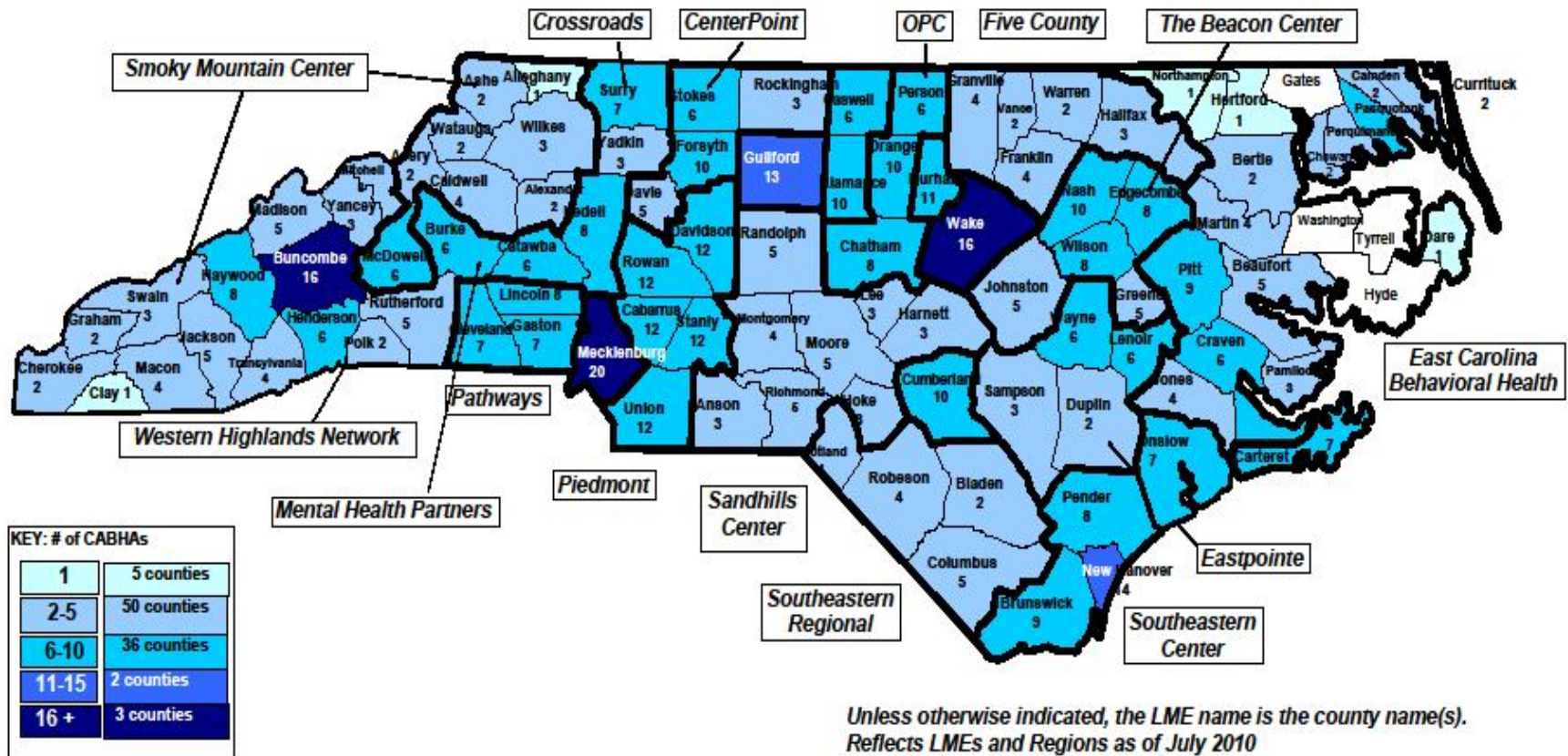
*Day Treatment, Community Support Team (CST) and/or Intensive In-Home

DISTRIBUTION OF CABHA REQUIRED SERVICES CONT'D

- Ensuring Access:
 - Monitor access/choice issues
 - LME Network Develop Role
 - CABHA/Non-CABHA Transition
 - Continued CABHA Certification

NOTE: Consumers must transition to MH/SA Case Management prior to December 31, 2010

Home Counties of Individuals Served by Fully Certified CABHAs with Community Support Team (CST), Day Treatment and/or Intensive In-Home (IIH) Services as of July 30, 2010



CABHA TRANSITION ISSUES

- Service Transition Period July 1, 2010 – December 31, 2010
- Goal: Smooth consumer transition based on clinical need
- Transitions Required:
 - Community Support - Professional to CABHA Targeted MH/SA Case Management
 - Non-CABHA Day Treatment to CABHA Day Treatment
 - Non-CABHA Community Support Team to CABHA CST
 - Non-CABHA Intensive In-Home to CABHA IIH

NOTE: All Transitions based on the clinical needs of the consumer

CABHA TRANSITION ISSUES

CONT'D

■ Transition Benchmarks:

- ❑ Complete CABHA applications to DMH/DD/SAS by August 31st for processing by December 31st Note: Continue to accept applications
- ❑ Upon CABHA Certification, provider must submit complete application to Medicaid provider enrollment to be enrolled by December 31st - Tracking Progress
- ❑ Providers not passing desk review by Sept. 30th – submit transition plan for CABHA services by October 15th

Note: No Authorization for Intensive In-Home/Day Treatment after Nov. 1st

CABHA TRANSITION ISSUES

CONT'D

- ❑ Providers not passing Interview/Verification stage by Oct. 31st – submit transition plan by Nov. 15th for CABHA services

Note: No Authorization for CST after December 1st

- ❑ Failure to submit transition plans by deadline = Termination of Medicaid Provider Agreement on IIH, DT and CST

PROVIDER TRANSITION PLAN REQUIREMENT

- Contact with LMEs regarding available CABHA options
- Consumer Choice in transition options
- Provisions for transfer of consumers most recent clinical information to new provider
- Transition Plan submitted to /approved by LME
- No Approved Plan = Medicaid Provider Agreement Termination

PROVIDER TRANSITION PLAN REQUIREMENT CONT'D

NOTE #1: Providers must address record retention responsibilities

NOTE #2: Approximately 12, 000 – 16,000 consumers will:

- Transition to CABHA services;
- Move to basic benefit services; or
- Transition out of services

CABHA MONITORING

- CABHA Monitoring Workgroup

- Consumers

- DHHS Staff

- LME Representatives

- Providers

CABHA MONITORING CONT'D

■ Monitoring Goals

- ❑ Quality Services
- ❑ Implementation of Best Practice Care
- ❑ Consumer Access
- ❑ Referral to Appropriate Services
- ❑ Primary Care Integration
- ❑ Post-Discharge Continuity of Care
- ❑ 1st Responder Capacity/Crisis Services

CABHA MONITORING CONT'D

■ Monitoring Areas

- ❑ Consumer outcomes
- ❑ Leadership Roles in CABHAs
- ❑ 1st Responder Performance/Crisis Utilization
- ❑ Referral Patterns
- ❑ QM Plan Implementation
- ❑ Primary Care Integration
- ❑ Core Service Delivery
- ❑ Regulatory Compliance

CABHA MONITORING CONT'D

■ Monitoring Tools

- ❑ Paid Claims Data (e.g. referral patterns, service utilization)
- ❑ Consumer/Family Complaints
- ❑ Consumer Satisfaction Data/Interviews
- ❑ NC Treatment Outcome and Program Performance System (NC-TOPPS) data
- ❑ LME Provider Risk Assessment & Monitoring

CABHA MONITORING CONT'D

- ❑ 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
- ❑ Monitoring Consequences:
 - ❑ Plan of Correction
 - ❑ DMA/PI
 - ❑ DMH/DD/SAS Investigations
 - ❑ Suspension of CABHA Certifications
 - ❑ Termination of CABHA Certifications

NOTE: Need to develop specific monitoring tool/CABHA Report Card

CABHA COMMUNICATION PLAN

- Create Effective CABHA Communication & Feedback Mechanism
- Peer Groups
 - Medical Directors
 - Clinical Directors
 - QM/Training Staff

CONCLUSION

- CABHA Certification Progressing Well
- CABHA Policies into Rules
- Monitor/Address Access Issues
- Monitor/Manage July – December Transition
- CABHA = Significant Provider invested + commitment
- CABHAs are in their infancy and will need support and system stability through the transition
- CABHAs as Partners
- CABHA = Critical Step toward Quality