



2018 PROVIDER PROFILE COMPANION GUIDE



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INTRODUCTION

The Commonwealth of Pennsylvania's HealthChoices program and the creation of Community Behavioral Health (CBH) in February 1997 provided all of us with the opportunity to improve and expand mental health and addiction services for people in need. CBH works with its Pennsylvania state partners at the PA Department of Human Services' Office of Mental Health & Substance Use Services (OMHSAS). Together, we manage behavioral health benefits for Philadelphia residents who receive Medical Assistance (MA), also known as Medicaid. CBH is the only behavioral health care MCO for Philadelphia County. Community Behavioral Health's primary goal is to effectively address and support the overall health and wellness of Philadelphians across many domains. We work in partnership with the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), other government agencies, and Philadelphia's physical health managed care organizations.

Over the span of its 22-year history, CBH has been and remains committed to ensuring Philadelphians receive an array of high quality, cost-effective, recovery-oriented, and evidence-based services while working alongside other social service agencies to respond to and advocate for the health needs of all city residents who lack healthcare. Achieving this aim requires a partnership between those managing public resources and those whose clinical expertise and compassion can make a real difference to the lives of Philadelphia's most vulnerable citizens.

CBH values its skilled network of practitioners and facilities. We remain committed to supporting the provider network and have demonstrated efforts to facilitate ongoing quality monitoring to ensure the fidelity of services being provided within our network. As a result of this commitment, we have made the Provider Profiles available for public view. Profiles were only completed for facilities contracted with CBH. As a result, independent practitioners, group practices, and laboratory services do not have provider profiles. These profiles allow for a snapshot view of each facility's performance across several areas that Community Behavioral Health monitors. The current Provider Profile format is not all-inclusive and is intended to provide a snapshot of each organization. As we continue to collaborate with our provider network and state partners, we expect that future iterations will evolve and include additional areas of interest. We have made several modifications since the last distribution and will continue to work hard to address remaining areas for development.

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Provider Complaint Hotline- 215-413-8581

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Philadelphia, Pa 19107

Main Number – 215-413-3100

Website – www.cbhphilly.org



WHAT IS THE PURPOSE OF A PROVIDER PROFILE?

Community Behavioral Health manages the full range of mental health and substance use services for Medicaid recipients in Philadelphia. We had more than 700,000 eligible members and served more than 118,000 of those members in 2017 alone. CBH manages a network of approximately 175 providers, offering a full continuum of services at 700 sites. The Provider Profiles are intended for the general public and were created to provide snapshots of the organizations contracted with CBH.

PROVIDER PROFILE COMPOSITION

The Provider Profile was developed to provide an overview of each facility at the corporate level while also emphasizing performance across each contracted Level of Care. See Appendix A for a detailed description of what is entailed in the Provider Profiles. Each profile is comprised of the following:

- ★ Provider Demographic Information
 - ★ Network Entry Date
 - ★ Corporate Address
 - ★ President & CEO (or Primary Administrator) Contact Information
 - ★ Incorporated Status
 - ★ Minority, Women, or Disabled-owned Business Enterprise Participation
 - ★ Population Served
 - ★ Website
 - ★ Physical Site Locations (by Zip Code)
- ★ Provider Highlights
- ★ Star Ratings (Performance by Level of Care)
- ★ Total Number of Members Served (based on Calendar Year)

Terminology used throughout the *Provider Profile Report* and *Companion Guide* can be referenced in the Glossary and/or correlating Appendices.

HOW DO WE MEASURE PERFORMANCE?

Oversight and Monitoring

Performance across levels of care is monitored on an ongoing basis by several departments at CBH/DBHIDS. For the Provider Profiles, outcomes of monitoring efforts have been incorporated into the performance measures. The following three departments are involved with oversight of our Provider Network's adherence to the HealthChoices standards:

Compliance: This department monitors Fraud, Waste, and Abuse. Additionally, Compliance is charged with ensuring that CBH's Provider Network employs operational practices aligned with the following:

- ★ Federal Guidelines (ex. Stark Law, Anti-Kickback Statute)
- ★ Pennsylvania (PA) Code
- ★ Medical Assistance/OMHSAS Bulletins
- ★ CBH Requirements
 - ★ Provider Agreement
 - ★ Provider Manual and all components including Manual for the Review of Provider Personnel Files
 - ★ Credentialing Requirements
 - ★ Provider Bulletins and Notices

Quality Management: This department's function is to provide oversight of our provider's internal quality improvement processes, which are required to enhance and support the quality of care delivered. The Quality Management Department works closely with other DBHIDS/CBH departments to monitor the service delivery of providers. This department is responsible for monitoring the following:

- ★ Complaint procedure (member driven)
- ★ Complaint procedure (provider driven)
- ★ Grievance process
- ★ Provider teaming
- ★ Quality concerns
- ★ Clinical appeals
- ★ Significant incident reports
- ★ "Provider Preventable Conditions" reporting

Network Improvement and Accountability Collaborative (NIAC): This DBHIDS team has the primary function of accomplishing the creation of a single, consistent approach to site reviews and monitoring across funding streams. They conduct comprehensive site reviews, which include various activities to obtain a comprehensive view of the organization, including review

of written policies, general observations, and timely collection of pre-visit documents (Provider Self-Appraisals). Feedback is also gathered from individuals, families, and staff. To ensure all aspects of a site review are scored in a standardized manner, NIAC utilizes an objective scoring instrument based on DBHIDS Practice Guidelines; this instrument, referred to as the Network Inclusion Criteria (NIC), can be found on the DBHIDS website. The NIC allows the NIAC team to obtain both qualitative and quantitative data to critically assess an organization's practices. Results are presented to CBH's Credentialing Committee, where providers receive a credentialing status for continued participation in CBH's Provider Network.

Collaboration with Our Partners



In addition to the oversight activities identified above, Community Behavioral Health works very closely with our Pennsylvania state partners at the **PA Department of Human Services' Office of Mental Health & Substance Use Services** (OMHSAS) and the **PA Department of Drug and Alcohol Programs** (DDAP). In addition to necessary enrollment in Pennsylvania Medicaid, providers must also be licensed by one of these entities in order to participate in the CBH network. Therefore, the licensing status has been incorporated into the performance measures for the Provider Profiles.

HOW DO WE CALCULATE THE STARS?

Community Behavioral Health has developed Star Criteria to include a combination of monitoring from both CBH and our state partners.

Providers can earn up to five (5) stars per Level of Care. The Levels of Care have been organized by type in designated CBH Financial Categories. For example, a provider contracted with CBH to provide short-term and long-term rehab services will receive stars earned in a “Non-Hospital D & A” Level of Care Category. Table 1 shows the services included in each category. Please note that, in this initial iteration of the provider profiles, services listed below as “Other” and “Ancillary Support” are not included in the evaluation. See Appendix B for a detailed description of the services in each Level of Care. The categories include the following services (Table 1):

Table 1

| Levels of Care (By Financial Category) | Services Included in the Levels of Care |
|---|--|
| Inpatient Psychiatric | Acute Inpatient Programs Extended Acute Sub-Acute Crisis Response Centers |
| Inpatient D&A | Hospital Rehab Hospital Detox |
| Non-Hospital D&A | Short Term Rehab Long-Term Rehab Specialized Rehab Non- Hospital Detox Halfway House |
| Outpatient Psychiatric | Mental Health Outpatient Programs Acute Partial Hospital Program (Psychiatric) Federally Qualified Health Center |
| Outpatient D&A | Outpatient Drug and Alcohol Programs Acute Partial Hospital Program (Drug and Alcohol) |
| BH Rehab for Children | Behavioral Health Rehabilitative Services School-Based Therapeutic Services Clinical Transition Stabilization Services Functional Family Therapy |
| RTF Accredited | Residential Treatment Facility (Accredited) |
| RTF Non-Accredited | Residential Treatment Facility |
| Ancillary Support | Laboratory Services |
| Community Support | Mobile Crisis Intervention Services Children's Mobile Intervention Service Children's Mobile Crisis Teams Crisis Residence Crisis Walk-In Services Family-Based Services Mental Health Case Management Services |
| Other | Intensive Outpatient Program Drug and Alcohol Case Management Assertive Community Outreach Teams (ACT) Non-Fidelity ACT Community Integrated Rehab Center (CIRC) Mobile Psychiatric Rehabilitation Long Term Structured Residential Peer Services Other Mental Health Services Other Residential Services |

STAR CRITERIA

Providers can earn up to five (5) stars per Level of Care through DBHIDS and CBH monitoring mechanisms. A star can be earned based on four (4) particular areas: credentialing status, state licensure status, whether a provider is on a Quality Improvement Plan, and whether a provider is on a Corrective Action Plan due to Compliance concerns. The breakdown is as follows:



Each Level of Care, within a provider agency, can earn a total of **FOUR STARS** through DBHIDS and CBH monitoring mechanisms.

CBH Compliance

0 STARS – presence of concerns resulting in a Corrective Action Plan (CAP)

1 STAR – no concerns resulting in a Corrective Action Plan (CAP)

CBH Quality Management

0 STARS – presence of concerns resulting in a Quality Improvement Plan (QIP)

1 STAR – no concerns resulting in a Quality Improvement Plan (QIP)

DBHIDS Network Improvement and Accountability Collaborative

0 STARS – 6-month Credentialing Status

1 STAR – 1-year Credentialing Status

2 STARS – 2+ year Credentialing Status

Up to **ONE STAR** can be earned through oversight and licensing activities by our State Partners.

PA Department of Human Services' Office of Mental Health & Substance Use Services (OMHSAS) and the PA Department of Drug and Alcohol Programs (DDAP)

0 STARS – Provisional Licensure Status (Including Revoked with pending Appeal)

1 STAR – Full Licensure Status

If a Level of Care has multiple sites, the number of stars will be averaged. The last known available documented credentialing or licensure status will be utilized for the current review period.

WHAT DOES THE NUMBER OF STARS MEAN?

The Provider Star process is an opportunity for identification of quality improvement efforts.

As indicated above, each Level of Care can earn up to five (5) possible stars. The stars represent compliance with and adherence to CBH/DBHIDS requirements and state licensure requirements. A higher star rating indicates a higher level of compliance for a given Level of Care. The profiles are not intended to be an all-encompassing overview of a provider. As such, the profiles contain additional information—such as the provider's website—which will allow you to explore a provider in more detail. We encourage you to visit each provider's website for additional information, including their history, mission statement, scope of services, etc.

APPENDICES

APPENDIX A

Provider Demographic Information

Network Entry Date – Month/year that a facility was officially credentialed and became recognized as a Community Behavioral Health in-network provider.

Corporate Address – Typically the headquarters or place where a company's executive management and key managerial and support staff are located.

President & CEO (or Primary Administrator) Contact Information – Primary administration information provided by in-network facilities on the CBH Provider Application.

Incorporated Status – Refers to standing in the state where an individual or business was incorporated or to the tax classification an individual or business elects with the Internal Revenue Service.

Minority, Women, or Disabled-owned Business Enterprise Participation (M/W/DSBE PARTICIPATION) – Registered minority, women, or disabled-owned businesses.

Population Served – Children (0-13y), Youth (14-17y) and/or Adults (18+).

Website – A collection of related web pages, including multimedia content, typically identified with a common domain name, and published on at least one web server.

Physical Site Locations (by Zip Code) – Location of all physical service locations under each corporation.

Provider Highlights

Applied Behavior Analysis (ABA) Designated Program – Facilities who meet or exceed the entirety of CBH's ABA Performance Standards become a CBH designated ABA provider.

Autism Center of Excellence (COE) – Resource center dedicated to improving the lives of individuals with autism spectrum disorders and their families.

Evidence Based Practices (EBP) Designated Program – EBP Program Designation outlines a set of standards that are expected for implementing an EBP Program and will enable

CBH to set up mechanisms for monitoring and incentivizing the delivery of EBPs. Providers who receive the EBP Program Designation will be included on referral lists utilized by CBH Member Services and CBH Clinical Management, which will be made available to behavioral health professionals, members, and the general public.

Functional Family Therapy – Functional Family Therapy (FFT) seeks to prevent or decrease behaviors such as delinquency, violence, disruptive behavior, and substance use. Its goal is to improve family communication and supportiveness while decreasing negativity and hopelessness. FFT serves families with children between the ages of 10 and 19. The length of treatment is 14 weeks, with 1 hour of direct contact per week. Family members can choose to receive other treatment services as necessary, except for identified patients who cannot simultaneously receive Mobile Therapy. If a child is admitted to an RTF, the family may not continue in FFT.

MAT Preferred Program – Facilities capable of directly prescribing agonist (buprenorphine or methadone) and non-agonist FDA-approved medications (naltrexone ER) will receive a **Preferred Evidenced-based MAT Designation**.

Medication-Assisted Treatment (MAT) Designated Program – Facilities that are MAT compatible, defined by the ability to provide services to members receiving all forms of MAT either through direct provision of services or through formal MOUs with other providers.

Opioid Use Disorder (OUD) Center of Excellence – Centers of Excellence help ensure that people with opioid-related Substance Use Disorder stay in treatment to receive follow-up care and are supported within their communities. The centers coordinate care for people with Medicaid. Treatment is team-based and “whole person” focused with the explicit goal of integrating behavioral health and primary care.

Pay-for-Performance Awardee – Pay-for-Performance (P4P) is an incentive given to providers for meeting defined metrics within a given Level of Care.

RFP/RFQ/RFA Awardee – The Philadelphia Department of Behavioral Health and Intellectual disAbility Services will utilize **Requests for Proposals (RFP)**, **Requests for Applications (RFA)**, and **Requests for Qualifications (RFQ)** to acquire new services or add providers to the CBH network. Please note that the CBH website is the only guaranteed method of notice for CBH-related RFPs and RFQs.

Star Criteria (Performance by Level of Care)

Please see “STAR CRITERIA,” pg. 8. All stars are earned by Level of Care.

Total Number of Members Served

Number of CBH members who were served by a provider during the previous calendar year.

APPENDIX B

Levels of Care Services (Table 1):

Acute Inpatient Programs – Acute psychiatric inpatient hospitalization is a highly structured Level of Care designed to meet the needs of children, adolescents, and adults who have emotional and behavioral manifestations that put them at risk of harm to self or others or otherwise render them unable to care for themselves.

Extended Acute – Extended Acute Care (EAC) is a long-term psychiatric inpatient Level of Care for adults diagnosed with severe and persistent mental illness who, due to the nature of their illness, require an extended episode of treatment to return to baseline functioning.

Sub-Acute – Sub-acute psychiatric inpatient treatment is provided 24/7 in an unlocked unit within a hospital or nonhospital facility. Sub-acute psychiatric inpatient treatment represents a less intense intervention than acute inpatient hospitalization but is more intensive than partial hospitalization; it can be used as a stepdown from an acute Level of Care or as a direct admission from a crisis response center (CRC) or other assessment site.

Crisis Response Centers – CRCs treat mental and behavioral health crisis emergencies with psychiatric coverage 24-hours a day, seven days a week.

Hospital Rehab – Inpatient Residential treatment provides 24-hour, medically directed evaluation, care, and treatment for addicted individuals with coexisting biomedical, psychiatric, and/or behavioral conditions that require frequent care. Facilities for such services need to have, at a minimum, 24-hour nursing care, 24-hour access to specialized medical care and intensive medical care, and 24-hour access to physician care.

Hospital Detox – Inpatient Detoxification is a treatment conducted in a residential facility that provides a 24-hour, professionally directed evaluation and detoxification of addicted individuals. Detoxification is the process whereby a drug- or alcohol-intoxicated or dependent individual is assisted through the time required to eliminate the presence of the intoxicating substance (by metabolic or other means). Care aims to work through any other dependency factors while keeping physiological and psychological risks to the individual at a minimum. This process should also include efforts to motivate and support the individual to seek formal treatment after the detoxification process.

Short Term Rehab – Short Term Residential treatment is a type of service that includes 24-hour, professionally directed evaluation, care, and treatment for addicted individuals in acute distress. These individuals' SUD symptomatology is demonstrated by moderate impairment of social, occupational, or educational functioning. Rehabilitation is a key treatment goal.

Long-term Rehab – Long Term Residential treatment is a type of service that includes 24-hour, professionally directed evaluation, care, and treatment for addicted individuals in chronic distress, whose SUD symptomatology is demonstrated by severe impairment of social, occupational, or school functioning. Habilitation is the treatment goal. These programs serve individuals with chronic deficits in social, educational, and economic skills; impaired personality and interpersonal skills; and significant drug-use histories. These individuals need a model more accurately described as habilitation, as opposed to the rehabilitation model. This service often requires global changes in lifestyle, such as abstinence from mood-altering drugs (other than those needed to treat illnesses), elimination of antisocial activity, a new outlook regarding employment, and the development, display, and integration of positive social attitudes and values.

Specialized Rehab – A vital component of the placement decision-making process concerns determining the individual's need for specialized services. Several factors should be considered when formulating an individual's particular treatment plan. Specifically, issues that must be considered prior to an individual's placement include (but are not limited to): MAT, Co-occurring Substance Use and Mental Health Disorders, Women and Women with Children, Criminal Justice, Culture/Ethnicity, and Sexual Orientation/Gender Identity.

Non-hospital Detox – A residential facility that provides 24-hour, professionally directed evaluation and detoxification of addicted individuals.

Halfway House – A Halfway House is a treatment facility located in the community that is state licensed, regulated, and professionally staffed. Programs focus on developing self-sufficiency through counseling, employment, and other services. Some of these programs staff medical and psychiatric personnel on site to assist individuals with their medical and/or co-occurring needs. This is a live-in/work-out environment.

Mental Health Outpatient Programs (MHOP) – MHOP programs provide mental health treatment that occurs in the community (outside of an institutional or hospital setting).

Acute Partial Hospital Program – Acute Partial Hospitalization treatment consists of the provision of psychiatric, psychological, and other types of therapies on a planned and regularly scheduled basis in which the individual resides outside of the facility. This service is designed for those individuals who do not require 24-hour residential care but who would nonetheless benefit from more intensive treatments than those that are offered in outpatient treatment programs. The environment provides multi-modal strategies and multi-disciplinary psychotherapy along with other ancillary services. Partial hospitalization services consist of regularly scheduled treatment sessions at least 3 days per week with a minimum of 10 hours per week.

Federally Qualified Health Center – A community-based organization providing comprehensive primary and preventive care. Typical services include physical, oral, and behavioral health

services. Services are provided to all individuals regardless of ability to pay or health insurance status.

Outpatient Drug and Alcohol Programs – Refers to programs that provide substance use disorder treatment that occurs outside of an institutional or hospital setting. Outpatient treatment is an organized, non-residential treatment service providing psychotherapy in which the individual resides outside the facility. These services are usually provided in regularly scheduled treatment sessions for, at most, 5 hours per week.

Behavioral Health Rehabilitative Services – Behavioral Health Rehabilitative Services (BHRS) are therapeutic interventions provided to children and adolescents up to the age of 21 in a school, home, and/or community setting. BHRS is specifically appropriate for children and adolescents who require intervention at the sites where the problematic behaviors occur.

School-based Therapeutic Services – School Therapeutic Services (STS) is a service delivery model that was developed in response to the increasing need for integrated behavioral health services in Philadelphia elementary and middle schools. STS is designed to provide services to children with severe and persistent emotional disturbances. It is designed to provide more flexibility in staffing, authorization, and service delivery than traditional school-TSS.

Clinical Transition Stabilization Services – Clinical Transition and Stabilization Services (CTSS) is a short-term program (maximum of 90 days) that addresses the mental health and stabilization needs of children ages 4 to 21, with a focus on children in foster care.

Functional Family Therapy – Functional Family Therapy (FFT) seeks to prevent or decrease behaviors such as delinquency, violence, disruptive behavior, and substance use. Its goal is to improve family communication and supportiveness while decreasing negativity and hopelessness. FFT serves families with children between the ages of 10 and 19. The length of treatment is 14 weeks, with 1 hour of direct contact per week. Family members can choose to receive other treatment services as necessary, except for identified patients who cannot simultaneously receive Mobile Therapy. If a child is admitted to an RTF, the family may not continue in FFT.

Residential Treatment Facility – Residential Treatment Facilities (RTF) provides intensive behavioral health treatment services to children and adolescents under the age of 18 (or in some circumstances, up to the age of 21) in a residential, group setting. (Accredited vs Not-Accredited: see *Accreditation* in Glossary).

Mobile Crisis Intervention Services – Mobile crisis services involve all support, services, and treatment necessary to provide integrated crisis response, crisis stabilization interventions, and

crisis prevention activities 24 hours a day, 7 day a week. Crisis intervention services are provided at any location in the community to reduce barriers to service delivery.

Children's Mobile Intervention Service – Provides brief, intensive interventions, psychiatric assessment, case management, and medication management as needed for up to six weeks.

Children's Mobile Crisis Teams – Short-term rapid response, crisis stabilization, and case management services. Services are provided for 72 hours following the initial referral to ensure immediate stability and linkage to supports.

Crisis Residence – Crisis residence provides 24-hour rapid crisis stabilization and multi-disciplinary evaluation for individuals who do not meet criteria for an acute or sub-acute inpatient Level of Care but, rather, need help transitioning to community services/supports (i.e. connecting with a case manager, outpatient, etc.).

Crisis Walk-in Services – Crisis services provided at clinics or psychiatric urgent care centers.

Family-based Services – Family-Based Mental Health Services (FBS) integrate mental health treatment, family support, and casework so that families may continue to care for their children whose emotional and/or behavioral challenges place them at significant risk for out-of-home placement. FBS is provided 24/7 for up to 32 weeks. FBS includes assessment, aftercare planning, referral, and service linkage. Services are delivered primarily in the family's home by a two-person team consisting of a master's level clinician and bachelor's level professional.

Mental Health Case Management Services – Responsible for coordinating of a variety of community services, monitoring the services, and advocating for individuals suffering from ongoing mental health issues.

Intensive Outpatient Program – Intensive Outpatient treatment is an organized, non-residential treatment service in which the individual resides outside the facility. It provides structured psychotherapy and stability through increased periods of staff intervention. These services are provided according to a planned regimen consisting of regularly scheduled treatment sessions at least 3 days per week for at least 5 hours (but less than 10) a week.

Drug and Alcohol Case Management – Responsible for coordinating support services that promote a drug-free and sober lifestyle by connecting those in need of services to a range of community resources, mentoring, and advocacy.

Assertive Community Outreach – Assertive Community Treatment (ACT) is an evidenced-based recovery model designed to provide treatment, rehabilitation, and support services to individuals diagnosed with a serious and persistent mental illness whose needs have not been met by more traditional mental health services.

Non-fidelity ACT – A community-based service designed to assist members in gaining access to community agencies, services, and professionals whose functions are to provide the support, training, and assistance required for a stable, safe, and healthy community life.

Community Integrated Recovery Center (CIRC) – The Community Integrated Recovery Center (CIRC) assists individuals with a serious mental illness by promoting wellness, socialization, independence, community integration, and employment to help participants achieve their plan for recovery. Includes center-based activities, training, and therapy, as well as community-based activities, training, and connections.

Mobile Psychiatric Rehabilitation – Mobile Psychiatric Rehabilitation Services (MPRS) are voluntary, community-based, face-to-face therapeutic services. They are intended to help individuals with mental health and co-occurring challenges develop the skills necessary to live fulfilling, productive lives in the community.

Long Term Structured Residential – Long-Term Structured Residences (LTSR) are highly-structured, therapeutic residential mental health treatment facilities designed to treat individuals 18 and older who are eligible for hospitalization but who can instead receive adequate care in an LTSR.

Peer Services – Certified Peer Specialists (CPSs) offer peer support, which is a specialized therapeutic interaction conducted by self-identified current or former recipients of behavioral health services who are trained and certified to offer support and assistance.

Other Mental Health Services – Additional mental health services not listed.

Other Residential Services – Additional residential services not listed.

APPENDIX C

Acronyms

ABA – Applied Behavior Analysis

CAP – Corrective Action Plan

CBH – Community Behavioral Health

CEO – Chief Executive Officer

COE – Center for Excellence

DBHIDS – Department of Behavioral Health & Intellectual disAbility Services

D&A – Drug and Alcohol

DDAP – Department of Drug and Alcohol Programs

EBP – Evidence-Based Practice

FQHC – Federally Qualified Health Center

LOC – Level of Care

M/W/DSBE – Minority, Women, or Disabled-owned Business Enterprise

MAT – Medication-Assisted Treatment

MA – Medical Assistance

MCO – Managed Care Organization

NIAC – Network Improvement and Accountability Collaborative

OMHSAS – Office of Mental Health and Substance Abuse Services

OUD – Opioid Use Disorder

PIP – Performance Improvement Plan

SUD – Substance Use Disorder

GLOSSARY

Accreditation – A process of validation in which organizations and institutions of higher learning are evaluated. The standards for accreditation are set by a peer review board.

Applied Behavior Analysis – Applied Behavior Analysis (ABA) is a well-developed, evidence-based discipline that applies the principles of learning theory to produce practical, socially significant changes in behavior. ABA includes the use of direct observation, measurement, and functional assessment of the interaction between environment and behavior. ABA manipulates environmental events, including setting events, antecedent stimuli, and consequences, to change behavior. A data-driven approach, ABA measures the effectiveness of intervention throughout implementation by evaluating changes in behavior over time.

Corrective Action Plan – A corrective action plan is monitored through the CBH Compliance Department. A corrective action plan is a document describing exactly how a specific situation will be changed to better meet the specific standards in question. A corrective action plan is a response to a situation that is problematic for a provider.

Credentialing – A formal review of the qualifications of a provider who has applied to participate as an in-network provider. CBH utilizes the services of a National Committee for Quality Assurance (NCQA) Certified Credentials Verification Organization (CVO) to collect and complete primary source verification on credentials for individual practitioners and group practice members for both initial credentialing and recredentialing. Initial reviews for facilities are conducted solely by CBH staff. Recredentialing reviews for facilities are conducted by the DBHIDS Network Improvement and Accountability Collaborative (NIAC).

Fraud, Waste and Abuse – Fraud refers to a false action that is used to gain something of value. Waste is the misuse of services. Abuse refers to overused or unneeded services.

HealthChoices – HealthChoices is the name of Pennsylvania's managed care programs for Medical Assistance recipients.

Level of Care – The type and amount of care a member requires based on medical necessity.

Medication-Assisted Treatment – A therapeutic option that includes the use of prescribed medications to ameliorate the symptoms and/or cravings of SUD. Common MAT medications are methadone, buprenorphine, and naltrexone. In order to maximize the effectiveness of these medications, it is recommended that they be used in combination with counseling interventions.

Quality Improvement Plan – A quality improvement plan is monitored through the CBH Quality Department. The aim of a Quality Improvement Plan is to help providers self-assess their performance in delivering quality care and to plan future improvements.