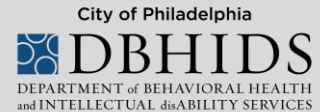




## Provider Bulletin 19-13 September 5, 2019



### Behavioral Health Rehabilitation Services (BHRS) Incentive Program

This Bulletin applies to all in-network providers delivering Behavioral Health Rehabilitation Services (BHRS). It provides details about the BHRS Incentive Program and additional administrative processes to support the monitoring of performance metrics.

To maintain CBH's commitment to high-quality services for youth enrolled in our BHRS program, CBH, in partnership with the provider community, has developed a financial incentive program. These incentives support critical elements of service delivery including access, staffing, and treatment efficacy via participation in clinical conversations. Providers will be eligible to receive 1, 2, and/or all 3 incentives on a quarterly basis, should they achieve the identified performance metrics. CBH will evaluate provider performance at the end of every quarter and will issue additional payment to eligible providers.<sup>1</sup>

---

#### PERFORMANCE METRIC #1: ACCESS

Operational Definition: The provider must take cases from the BHRS Available Case List each quarter as dependent upon CBH need. Required access, as identified below, will be based on provider size according to the provider's overall BHRS census in Calendar Year (CY) 2018.

- 0 – 200 youth = Provider must take 9 cases per quarter
- 201 – 400 youth = Provider must take 15 cases per quarter
- 401+ youth = Provider must take 18 cases per quarter

Taking cases from the BHRS Available Case List is further defined as:

- the provider accepting the case **and** requesting authorization of services within 5 business days, *or*

---

<sup>1</sup> Please note: quarterly payments will be for the previously completed quarter to allow for claims lag (i.e., Quarter 1 performance will be evaluated and paid at the completion of Quarter 2)

- having the family report to both the provider **and** via a CBH confirmation call that they are no longer interested in receiving the authorized services.

After requesting a case to review, the case will be removed temporarily from the BHRS Available Case List so that other providers are not able to request the case to review; however, the provider reviewing the case must provide an outcome to CBH within 5 business days regarding case review and outreach to the family.

To be eligible, the provider will not be able to place cases onto the BHRS Available Case List during the quarter (apart from family transfer requests and/or step-downs from higher levels of care [e.g., Family Based Services, Acute Partial Hospital Programs, etc.]). It is expected that youth evaluated by the provider's outpatient and/or BHRS exception programs will be staffed by the evaluating provider and will count as cases placed onto the BHRS Available Case List if referred to CBH for staffing. Finally, the provider must remain open for intake and accommodate evaluation requests made by families and/or other outside referral sources.

Potential Rate Increase: 4%

Monitoring Plan: Quarterly analysis of cases taken from and placed onto the BHRS Available Case List; Monthly confirmation that the provider remains open to intake.

Initial Monitoring Period: For the start of this performance metric, all cases taken from the BHRS Available Case List starting 7/22/2019 until 12/31/2019 will count toward the provider total for Quarter 4. Beginning 1/1/2020, this performance metric will be monitored on a quarterly basis.

## **PERFORMANCE METRIC #2: STAFFING/PAID-TO-AUTHORIZATION**

Operational Definition: The provider must maintain a cumulative 70% average paid-to-authorization (excluding youth with Third Party Liability [TPL]) for all levels of care as specified within the parameters of the financial incentive program.

When a youth is not available for service delivery for greater than 1 week, a 'BHRS Downward Authorization Adjustment Request Form' (attached to Bulletin) can be submitted to CBH through the secure website, labeled as **ProviderID#\_MbrMA#\_Adjustment**. If youth are in an Acute Inpatient Hospital Program (AIP), BHRS providers may request that Therapeutic Staff Support School (TSS-S) and Non-School (TSS-NS) units are adjusted downward for the time while they are in AIP. If youth are in an Acute Partial Hospital Program (APHP), BHRS providers may request that TSS-S units are adjusted downward for the time while they are in APHP.

Potential Rate Increase: 3%

Monitoring Plan: Quarterly analysis of all paid claims through units paid versus units authorized within the quarter for all youth without TPL.

Initial Monitoring Period: 10/1/2019 – 12/31/2019

### **PERFORMANCE METRIC #3: CLINICAL CONVERSATIONS**

Operational Definition: The provider must invite CBH Clinical Management to all initial BHRS Interagency Service Planning Team (ISPT) meetings, with CBH Clinical Care Management (CCM) staff to attend as many as possible. In addition, the provider must participate in monthly Length-Of-Stay (LOS) reviews for all youth approaching a length-of-stay of 18 months or longer in BHRS.

In order to track invitations made to CBH CCMs for initial BHRS ISPT meetings and ensure CBH can attend as many as possible, ISPT invitations must be submitted to CBH using the 'Initial ISPT Meeting Invitation Form' (attached to Bulletin) through the secure website, labeled as **ProviderID#\_MbrMA#\_InitialISPT**. CBH must receive the invitation at least 5 business days prior to the date/time of the scheduled initial ISPT meeting for your organization to receive credit.

Each provider's CBH CCM will provide the monthly LOS review list 3 months in advance of the authorization end date (e.g., January 2020 end-authorization lists will be sent to providers in early October 2019 for LOS reviews to be conducted in November 2019, etc.).

Potential Rate Increase: 3%

Monitoring Plan: Monthly analysis of initial BHRS ISPT meetings and initial BHRS authorizations; Monthly analysis of completed LOS reviews.

Initial Monitoring Period: 10/1/2019 – 12/31/2019

**FINANCIAL INCENTIVE PROGRAM LEVELS OF CARE**

<b>LOC_BK</b>	<b>LEVELS OF CARE FOR BHRS WRAPAROUND</b>	<b>GROUP</b>
400.003	Behavioral Specialist Consultant Master Level	BSC
400.076	Behavioral Specialist Consultant Master Level – Deaf/HoH Services	BSC
400.095	Behavioral Specialist Consultant Master Level – Autism Services	BSC
400.007	Mobile Therapy	MT
400.067	Mobile Therapy – Deaf/HoH Services	MT
400.094	Mobile Therapy – Autism Services	MT
400.031	Therapeutic Staff Support – School	TSS
400.032	Therapeutic Staff Support – Non-School	TSS
400.068	Therapeutic Staff Support – School – Autism Services	TSS
400.069	Therapeutic Staff Support – Non-School – Autism Services	TSS
400.077	Therapeutic Staff Support – School – Deaf/HoH Services	TSS
400.078	Therapeutic Staff Support – Non-School – Deaf/HoH Services	TSS

CBH will be piloting this financial incentive program beginning 10/1/2019. If progress is not evident across the network to increase access, improve overall staffing levels, and enhance service delivery, CBH may discontinue the financial incentive program.