

Provider Profile Companion Guide

Updated May 2020



Community Behavioral Health

A DIVISION OF DBHIDS | CBHPHILLY.ORG



Member Services Hotline

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**Mental Health
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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 and Substance Abuse 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 managed care organization (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 23-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. 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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PURPOSE AND PROFILE COMPOSITION

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 2018 alone. CBH manages a network of providers offering a full continuum of services at over 700 locations. 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
 - Corporate Address
 - Phone Number
 - Website
 - Network Entry Date
 - Incorporated Status
 - Minority, Women, or Disabled-Owned Business Enterprise Participation
 - Population Served
 - Physical Site Locations (by ZIP Code)
- Total Number of Members Served (Based on Calendar Year)
- Provider Highlights
- Star Ratings (Performance by Level of Care)

*Terminology used throughout the Provider Profile Report and Companion Guide can be referenced in and are linked to 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 the 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 network'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 and Substance Abuse 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 stars per Level of Care. The Levels of Care have been organized by treatment service type; this is a change from 2018 Provider Profiles, which were organized by Financial Category. Table 1 shows what services are included in each Level of Care. See Appendix B for a detailed description of the services in each Level of Care. The categories include the following services:

Table 1:

Levels of Care	Services Included in the Levels of Care <i>(See APPENDIX B or click service name for descriptions)</i>
Inpatient Mental Health	Acute Inpatient Programs (AIP) Extended Acute Care (EAC)
Withdrawal Management and Residential Rehabilitation	Detox Short-Term Rehab Long-Term Rehab Halfway House
Mental Health Outpatient	Mental Health Outpatient Programs (MHOP)
Partial Hospitalization Program	Acute Partial Hospitalization Programs (APHP) Long-Term Partial Hospital Programs (Long-Term PHP)
Outpatient Drug and Alcohol Program	Outpatient Drug and Alcohol Programs (OP D&A) Intensive Outpatient Programs (IOP)
Behavioral Health Rehabilitative Services	Behavioral Health Rehabilitative Services (BHRS) Functional Family Therapy (FFT) Multisystemic Therapy – Problem Sexual Behavior (MST-PSB) School Therapeutic Services (STS) Therapeutic Emotional Support Classroom (TESC)
Family-Based Services	Family-Based Services (FBS)
Case Management and/or Peer Services	Targeted Case Management (TCM) Intensive Case Management (ICM) Blended Case Management (BCM) Assertive Community Treatment (ACT) Non-Fidelity ACT Peer Services
Crisis Residence	Crisis Residence
Community Integrated Recovery Centers	Community Integrated Recovery Centers (CIRC)
Residential Treatment Facility and/or Host Homes	Residential Treatment Facility (RTF) Accredited RTF Non-Accredited Host Homes
Residential Treatment Facility for Adults	Residential Treatment Facility for Adults (RTFA)
Federally Qualified Health Centers	Federally Qualified Health Centers (FQHC)

Star Criteria

Providers can earn up to five stars per Level of Care through DBHIDS and CBH monitoring mechanisms. A star can be earned based on four 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 and Substance Abuse 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 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.

APPENDIX A: PROVIDER INFORMATION

Provider Demographic Information

Corporate Address

Typically the headquarters or place where a company’s executive management and key managerial and support staff are located.

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.

Network Entry Date

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

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)

Minority, Women, or Disable-Owned Businesses (registered or self-reported)

Population Served

Children (0–17y) and/or Adults (18+).

Physical Site Locations (by ZIP Code)

Location of all physical service locations under each corporation.

Provider Highlights

Accreditation

Accreditation is 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. Accreditations included in the Profile Highlights include:

- ➔ Council on Accreditation (COA)
- ➔ Joint Commission on Accreditation of Healthcare Organizations (JCAHO or “Joint Commission”)

- ➔ The Commission on Accreditation on Rehabilitation Facilities (CARF)

Autism Center of Excellence (ACE)

The Autism Center of Excellence is a resource center dedicated to improving the lives of individuals with autism spectrum disorders (ASD) and their families.

Crisis Services

Crisis Services help individuals experiencing behavioral health emergencies or individuals with urgent behavioral health concerns. Crisis services can be location-based—like Philadelphia’s four Crisis Response Centers—or mobile. Some crisis services in Philadelphia include:

- ➔ **Crisis Response Centers (CRCs)** – CRCs offer 24/7 treatment for mental and behavioral health crises and emergencies.
- ➔ **Children’s Mobile Crisis Team (CMCT)** – CMCT provides 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.
- ➔ **Children’s Mobile Intervention Services (CMIS)** – CMIS provides brief, intensive interventions, psychiatric assessment, case management, and medication management as needed for up to six weeks.

Evidence Based Practice (EBP) Designated Programs

The EBP Program Designation outlines a set of standards that are expected for implementing an EBP Program and enables CBH to set up mechanisms for monitoring and incentivizing the delivery of EBPs. Providers who receive the EBP Program Designation are included on referral lists utilized by CBH Member Services and CBH Clinical Management, which are made available to behavioral health professionals, members, and the general public. EBPs included in the Profiles include:

- ➔ **Applied Behavioral Analysis (ABA)** – ABA helps individuals with

Autism Spectrum Disorder (ASD) and other special needs to develop crucial skills and behaviors, decrease problematic behaviors that interfere with learning, and teach caregivers how to successfully manage challenging behaviors.

- ➔ **Child-Adult Relationship Enhancement (CARE/PriCARE)** – PriCARE assists in developing positive parenting skills in caregivers of children with disruptive behaviors or traumatic experiences.
- ➔ **Cognitive Behavioral Therapy (CBT)** – CBT is a solution-focused treatment that helps individuals learn skills and solve problems by identifying unhelpful thinking patterns, changing inaccurate beliefs, engaging in new behaviors, and relating to others in more positive ways.
- ➔ **Dialectical Behavioral Therapy (DBT)** – DBT helps individuals who have struggled with suicidal thoughts, self-harm, and emotional dysregulation develop coping strategies and skills.
- ➔ **Ecosystemic Family Therapy (ESFT)** – ESFT helps families build new patterns of interacting in order to reduce conflict and improve behavior and relationships among family members.
- ➔ **Eye-Movement Desensitization and Reprocessing (EMDR)** – EMDR therapy helps individuals who have experienced traumatic events process and address symptoms related to traumatic memories.
- ➔ **Functional Family Therapy (FFT)** – FFT is a family-based intervention aimed at changing the patterns of how family members communicate, problem-solve, and support one another.
- ➔ **Multisystemic Therapy for Youth with Problem Sexual Behaviors (MST-PSB)** – MST-PSB is a treatment for children who have exhibited problematic sexual behavior. MST-PSB works with the whole family to address the behavior and develop skills and supports

while keeping the children in their community and maintaining the safety of those around them.

- ➔ **Parent Child Interactive Therapy (PCIT)** – PCIT is a treatment for young children and their caregivers that uses a coaching model to strengthen the parent-child relationship and build skills for behavior management.
- ➔ **Prolonged Exposure (PE)** – PE aims to reduce post-traumatic stress disorder (PTSD) symptoms by helping individuals approach trauma-related thoughts, feelings, and situations that had previously been avoided.
- ➔ **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)** – TF-CBT helps children and their caregivers overcome the impact of traumatic events through psychoeducation, creating a safe space to process the event, and by developing new coping strategies.

Additional information about these treatments and the designation program can be found on the [DBHIDS EPIC webpage](#).

Pay-for-Performance Awardee

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

Star Criteria (Performance by Level of Care)

Please see “STAR CRITERIA,” pg. 11. 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

Acute Inpatient Programs (AIP)

Acute psychiatric inpatient hospitalization is a highly-structured Level of Care designed to meet the needs of children 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 Care (EAC)

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.

Detox

Inpatient Detoxification is a treatment conducted in a residential facility that provides 24-hour, professionally directed evaluation and detoxification. Detoxification is the process whereby a drug- or alcohol-intoxicated or dependent individuals are 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 Rehabilitation is a type of service that includes 24-hour, professionally directed evaluation, care, and treatment for substance-using 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 Rehabilitation is a type of service that includes 24-hour, professionally directed evaluation, care, and treatment for substance-using individuals

in chronic distress and 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.

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 (APHP)

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 three days per week with a minimum of ten hours per week.

Long-Term Partial Hospitalization Programs (Long-Term PHP)

A Partial Hospitalization Program over a longer length of time.

Outpatient Drug and Alcohol Programs (OP D&A)

OP D&A 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, five hours per week.

Intensive Outpatient Programs (IOP)

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 three days per week for at least five hours (but less than ten) a week.

Behavioral Health Rehabilitative Services (BHRS)

BHRS are therapeutic interventions provided to children and some individuals up to the age of 21 in a school, home, and/or community setting. BHRS is specifically appropriate for children who require intervention at the sites where the problematic behaviors occur.

Functional Family Therapy (FFT)

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 one 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.

Multisystemic Therapy for Youth with Problem Sexual Behavior (MST-PSB)

MST-PSB is a treatment for children who have exhibited problematic sexual behavior. MST-PSB works with the whole family to address the behavior and develop skills and supports while keeping the children in their community and maintaining the safety of others around them.

School-Based Therapeutic Services (STS)

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.

Therapeutic Emotional Support Classroom (TESC)

A TESC is an academic setting with a therapeutic component. Focusing on emotional and social skills in addition to academic skills, TESC's aim to improve student functioning in all areas addressed.

Family-Based Services (FBS)

Family-Based Mental Health Services 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.

Targeted Case Management (TCM)

TCM is a primary, direct service provided to adults or children with serious mental illness or emotional disorders. TCM is designed to ensure that individuals and their families gain access to needed medical, social, and educational services as well as other agencies whose functions are to provide the support, training, and assistance required for a stable, safe, and healthy community life.

Intensive Care Management (ICM)

ICM offers a more intensive level of support for individuals with a serious mental illness who may also have significant substance use challenges. ICM is recommended for individuals who experience chronic homelessness and have frequent crises, who may be unable to obtain or maintain a safe place to live, or who may be unable to identify, access, and utilize needed treatment, family, and/or community services.

Blended Case Management (BCM)

BCM teams blend lessened elements of ICM teams with additional resource coordination.

Assertive Community Treatment (ACT)

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

Non-Fidelity ACT is 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.

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.

Crisis Residence

Crisis residence provides 24-hour, rapid crisis stabilization and multi-disciplinary evaluation for homeless and/or substance using individuals who do not meet criteria for an acute or sub-acute inpatient level of care but still need help transitioning to community services and supports.

Community Integrated Recovery Center (CIRC)

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.

Residential Treatment Facility (RTF)

RTFs provide intensive behavioral health treatment services to children—those under the age of 18 (or, in some circumstances, individuals up to the age of 21)—in a residential, group setting. RTFs may be Accredited or Non-Accredited (see

“Accreditation” in the Glossary).

Host Homes

Community Residential Rehabilitation-Host Homes (CRR-HHs) provide mental health evaluation and daily treatment, including intensive therapy, to children ages four through eighteen who have serious emotional and behavioral challenges. The CRR-HH provider trains the host home parent(s) to anticipate and appropriately respond to the child’s needs and behaviors. Children receive services from a psychiatrist, social worker, therapist, mental health worker, and nurse according to their individual needs at the host home and, when necessary, at the provider agency. Services are also provided to the child’s family of origin to increase their capacity to be a secure resources for their child.

Residential Treatment Facility for Adults (RTFA)

RTFA provides residential treatment for individuals age 18 and older who have chronic and pervasive mental illness as well as co-occurring substance use and/or developmental disabilities. Services include individual and group therapy, life/independent living skills, vocational skills, recreational activities, medication management, case management, nursing support, and recovery management groups with the goal of increasing independence. The treatment team includes a psychiatrist, clinicians, case managers, behavioral specialists, mental health workers, and nurses. Typical length of treatment is individualized according to the individual’s needs.

Federally Qualified Health Center (FQHC)

An FQHC is 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.

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
OD	Opioid Use Disorder
PIP	Performance Improvement Plan
SUD	Substance Use Disorder

GLOSSARY

Accreditation

Accreditation is 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.

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

Credentialing is 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

A Level of Care is the type and amount of care a member requires based on medical necessity.

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.

