



**Community Behavioral Health
Pay-for-Performance
Operational Definitions**

Reporting Year 2021

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Overview

Introduction

This Operational Definitions Master Document is intended to be used as a guide for understanding the performance evaluation process and performance measures included in the Community Behavioral Health Pay-for-Performance (P4P) program for reporting year 2021. CBH uses P4P as one way to assess the quality of services our members are receiving and rewards providers that perform above performance targets with a bonus payment, in addition to regular payments for services. In its current form, P4P has been in place since 2007. The performance measures used either align with state and national measures or are developed by CBH and DBHIDS subject matter experts, in conjunction with providers. All measures used for P4P align with the *DBHIDS Practice Guidelines* and are either process or outcome measures that reflect best practices. Unless otherwise indicated, P4P measures utilize claims and CBH eligibility data for processing.

These operational definitions outline the assessment process, the measures, a rationale explaining why each measure is important, and what or who is included or excluded in each element of the measure. The following overview describes how total scores on each P4P report are calculated and eligibility criteria for a P4P award. We hope that you find this document to be useful.

How Scores are Calculated on the Matrix

| | |
|-----------------------------|---|
| Weighted Mean | The CBH weighted mean is the average for that measure for all providers. It is calculated by dividing the sum of the numerators by the sum of the denominators. Using this method to calculate the mean gives each treatment episode or discharge equal “weight” in the calculation. This methodology accounts for differences in provider size and ensures that the contribution each episode or discharge gives to the average is the same, regardless of the size of the provider. |
| Weighted Standard Deviation | The weighted standard deviation measures the way scores vary around the mean. Using the weighted standard deviation accounts for differences in provider size and ensures that the contribution that each episode or discharge contributes is the same, regardless of the size of the provider. |

| | | | | | | | | | | |
|-------------------|---|-------------|-----|---|---------|------------|-----|-------|-----|---|
| <p>Thresholds</p> | <p>Providers are assessed using performance thresholds based on the most current national or state standards, where available. Where there is no national or state standard for a measurement, CBH calculates performance thresholds based on the <i>distribution</i>, or the weighted mean and standard deviation. When the distribution is used, thresholds for “good” performance (falling within the “green” band) are set by adding ½ of the weighted standard deviation to the weighted mean (or subtracting for reverse measures where a lower rate is better) and, for “poor” performance (falling within the “red” band), by subtracting ½ of the weighted standard deviation from the weighted mean (or adding for reverse measures). “Average” performance is that which falls within the yellow band, or ½ of the weighted standard deviation above and below the weighted mean.</p> | | | | | | | | | |
| <p>Weight</p> | <p>Each measure is given a “weight,” meaning a certain number of points. Weights indicate the relative importance of that measure as compared with other measures for a particular level of care (LOC). A measure that is worth more points contributes more weight to the provider’s total score. The weights are determined by DBH and CBH leadership and are based on CBH priorities. A provider is given the maximum number of points available for a rate that falls in the green threshold and one-half of the maximum number of points available for a rate that falls in the yellow threshold. A rate in the red range receives zero points.</p> <p>For example:</p> <ul style="list-style-type: none"> • Providers with a rate for this measure that is at or above 84% will receive 3 points out of a possible 3 points; • Providers with a rate that is between 73% (inclusive of 73%) to 84% will receive 1.5 points out of a possible 3 points; • Providers with a rate below 73% will receive 0 points out of a possible 3 points. <table border="1" data-bbox="423 1402 1078 1598"> <tr> <td>At or Above</td> <td>84%</td> <td>3</td> </tr> <tr> <td>Between</td> <td>73% to 84%</td> <td>1.5</td> </tr> <tr> <td>Below</td> <td>73%</td> <td>0</td> </tr> </table> | At or Above | 84% | 3 | Between | 73% to 84% | 1.5 | Below | 73% | 0 |
| At or Above | 84% | 3 | | | | | | | | |
| Between | 73% to 84% | 1.5 | | | | | | | | |
| Below | 73% | 0 | | | | | | | | |

| Change Measure Calculations | <p>Providers may also be assessed on change in performance from last measurement period to this measurement period through a change measure. New measures or measures that have changed significantly do not have a change measure associated with them. Performance on the change measure will be shown on the matrix next to performance on the corresponding measure.</p> <p>Change measures receive the same weight (number of points) as the associated measure, so that the weight of change in a measure is proportional to the weight of the measure itself. The color band from Year 2 (current measurement period) for a provider is compared to the color band from Year 1 (prior measurement period) for each measure. Therefore, change is determined by performance relative to the performance benchmarks and is not solely based on change in the rate from Year 1 to Year 2.</p> | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------|---|-----------------------|--------|-----------------------|--|--|--|--|-------|--------|-----|---------------------|-----|------|------|------|--------|------|------|------|-------|------|------|
| | <p>In 2019, CBH began to award additional points to providers for improvement. Providers no longer have points deducted for deterioration in performance, nor do they receive points for maintaining good performance. This change in methodology was made to acknowledge the efforts of providers over the past year to improve their performance.</p> | | | | | | | | | | | | | | | | | | | | | | |
| | <p>To calculate the change score for a measure, the weight (points) achieved on the measure is multiplied by the following base weights, which are the same for every change measure:</p> | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="3">Current Year (Year 2)</th> </tr> <tr> <th colspan="2"></th> <th>Green</th> <th>Yellow</th> <th>Red</th> </tr> </thead> <tbody> <tr> <th rowspan="3">Prior Year (Year 1)</th> <th>Red</th> <td>1.00</td> <td>0.75</td> <td>0.00</td> </tr> <tr> <th>Yellow</th> <td>0.75</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <th>Green</th> <td>0.00</td> <td>0.00</td> <td>0.00</td> </tr> </tbody> </table> | | | Current Year (Year 2) | | | | | Green | Yellow | Red | Prior Year (Year 1) | Red | 1.00 | 0.75 | 0.00 | Yellow | 0.75 | 0.00 | 0.00 | Green | 0.00 | 0.00 |
| | | Current Year (Year 2) | | | | | | | | | | | | | | | | | | | | | |
| | | Green | Yellow | Red | | | | | | | | | | | | | | | | | | | |
| Prior Year (Year 1) | Red | 1.00 | 0.75 | 0.00 | | | | | | | | | | | | | | | | | | | |
| | Yellow | 0.75 | 0.00 | 0.00 | | | | | | | | | | | | | | | | | | | |
| | Green | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | | | | |

Network Improvement & Accountability Collaborative (NIAC) Score

| | |
|------------------------|--|
| Definition | <p>In an effort to incorporate additional measures of service quality into P4P provider assessment, the provider's NIAC Score is included in calculation of the provider's total score for a given LOC.</p> |
| NIAC Score Calculation | <p>The score used in P4P and shown in the matrix is the total score on the Network Inclusion Criteria (NIC) tool for a provider and that LOC in the calendar year prior to the reporting year. If a provider received more than one total score on the NIC tool during the calendar year, the most recent score for that program and LOC is used.</p> <p>NIAC scores will be carried over a maximum of two (2) years if a provider did not receive a score on the NIC tool for the current reporting year. If a program did</p> |

| | | | | | | | |
|---|--|-------------|-----|---------|------------|-------|-----|
| | not receive a NIC score for the current reporting year, the NIC score received in the prior reporting year will be applied. If a provider did not receive a NIC score in the prior reporting year, the score received in the reporting year 2 years prior to the current year will be applied. | | | | | | |
| Thresholds (for all populations and all levels of care) | <p>Thresholds for NIAC scores are based on what NIAC considers “good,” “fair,” and “poor” performance, and are as follows:</p> <table border="1"> <tr> <td>At or Above</td> <td>65%</td> </tr> <tr> <td>Between</td> <td>50% to 65%</td> </tr> <tr> <td>Below</td> <td>50%</td> </tr> </table> | At or Above | 65% | Between | 50% to 65% | Below | 50% |
| At or Above | 65% | | | | | | |
| Between | 50% to 65% | | | | | | |
| Below | 50% | | | | | | |
| Weights | NIAC scores are weighted equivalent to 1/10 (10%) of total available points for the assessed level of care. | | | | | | |

Calculating Total Scores

| | |
|-----------------------------|---|
| Definition | <p>The Total Score, expressed as a percentage, is your agency’s overall performance for that level of care and grouping.</p> <p>Consistent with assessing providers on performance separately from improvement, providers receive two total scores: one for <u>performance</u> on the measures in the current reporting period and a second for <u>improvement</u> on measures from the last to the current reporting period.</p> |
| Total Score for Performance | The Total Score for performance is calculated by dividing the total number of points a provider has achieved for that level of care by the total number of points available for that level of care, multiplied by 100 and rounded to one decimal place. |
| Total Score for Improvement | The Total Score for improvement is calculated by dividing the total number of points a provider has achieved for improvement on change measures in that level of care by the total number of points available for change measures in that level of care, multiplied by 100 and rounded to one decimal place. |

Eligibility for a P4P Award

A provider must have been **scored on at least half** of the measures for a given LOC and P4P grouping in order to be included in P4P for that LOC. In addition, to be eligible for a P4P award, an agency must be **in-network** for the full measurement period and when awards are made at the end of the reporting year. Providers receive a P4P award for **either performance or improvement** on the measures, not for both. Total score requirements for an award are made by the DBHIDS Commissioner and are communicated to providers in the cover letter that accompanies their report.

A **level II QIP** is a disqualifier for a P4P award. A level II QIP from CBH's Quality Management (QM) Department for a provider for a particular LOC is applied to any measurement year in which the level II QIP was issued and any measurement year in which a level II QIP is extended after review by QM. For example, for reporting year 2021, if a level II QIP is issued in 2020 and resolved after review in 2020, it applies to 2020 and not to 2021. If the level II QIP is issued in 2020 and extended after review in 2021, it applies in 2020 and to 2021 reports for that LOC. If a provider has more than one program within a LOC, the level II QIP for any program will apply to all programs within that LOC for P4P.

A provider will also be disqualified for an award if their **Compliance Error Rate** is at an egregious level, as determined by the CBH Compliance Department, or if they are on a **Directed Corrective Action Plan**, as determined by CBH. If a provider has **confirmed fraud** in either the reporting or measurement year, the provider will be ineligible for a P4P award. Fraud that is actively under investigation at the time when awards are made will result in the withholding of the award until fraud charges have been dismissed.

It is always at the discretion of the DBHIDS Commissioner to deny an award if an agency is in bad standing related to OMHSAS or DDAP licensing, federal investigations or violations etc., or for other serious quality concerns.

**Community Behavioral Health
Level of Care: Psychiatric Inpatient and Extended Acute Care**

Children’s Acute Psychiatric Inpatient and Adult Extended Acute Care

Measurement Period for Both LOC

| | |
|------------------------------|---|
| P4P Measurement Period | The Measurement Period for Children’s Psychiatric Acute Inpatient and Adult Extended Acute Care (EAC) is January 1, 2020 – December 31, 2020. |
|------------------------------|---|

Inpatient Levels of Care

| | |
|----------------------------|---|
| Levels of Care Included | Includes CBH Levels of Care: 100.001,100.002, 100.004-100.008,100.010-100.012,100.032,100.037 |
|----------------------------|---|

IP00 Episode

| | |
|---------|--|
| Episode | <ul style="list-style-type: none"> • An episode of Inpatient treatment begins on the service date of the first claim received for an Inpatient level of care and ends on the service date of the final claim for Inpatient care, as determined by the lack of a subsequent Inpatient claim lasting 1 or more days. • Subsequent Inpatient claims within 1 day shall be counted as a <i>continuous episode</i> if the claim is made by the same provider and a <i>transfer</i> if the claim is made by a different provider. • Subsequent claims outside 1 day shall be counted as a readmission, and therefore the start of a new episode of treatment. |
|---------|--|

Extended Acute Care (EAC) Levels of Care

| | |
|-------------------------------|---|
| Levels of Care Included | Includes CBH Levels of Care 140.001-140.002, 140.022, 140.023 |
|-------------------------------|---|

EAC00 Episode

| | |
|---------|---|
| Episode | <ul style="list-style-type: none"> • An episode of EAC treatment begins on the service date of the first claim received for an EAC level of care and ends on the service date of the final claim for EAC care, as determined by the lack of a subsequent EAC claim lasting 1 or more days. • Subsequent EAC claims within 1 day shall be counted as a continuous episode, if the claim is made by the same provider and a transfer if the claim is made by a different provider. • Subsequent claims outside 1 day shall be counted as a readmission, and therefore the start of a new episode of treatment. |
|---------|---|

**Community Behavioral Health
Level of Care: Psychiatric Inpatient and Extended Acute Care**

Child vs. Adult Populations

| | |
|-------------------|--|
| Definition | A “child” is considered a member who is less than 18 years old on the episode start date. An episode of treatment for a member who is less than 18 years of age appears in the Child Inpatient report. |
|-------------------|--|

Measurements Included

| Measure Labels | | Practice Guidelines Domain | Measure Description |
|---------------------------------------|---|--|----------------------------------|
| Child Inpatient (CIP) Measures | Extended Acute Care (EAC) Measures | | |
| CIP01 | | Continuing Support and Early Re-Intervention | 7-Day Follow-Up After Discharge |
| CIP02 | EAC01 | Continuing Support and Early Re-Intervention | 30-Day Follow-Up After Discharge |
| CIP16 | EAC05 | Continuing Support and Early Re-Intervention | 30 Day Readmission Outcomes |

**Community Behavioral Health
Level of Care: Psychiatric Inpatient and Extended Acute Care**

CIP01: 7-Day Follow-Up After Discharge

| | | |
|--------------------|---|--|
| Rationale | We include measurements of follow-up as an assessment of whether care is continued in a timely fashion after discharge following an Inpatient Psychiatric stay, since continuing support and early re-intervention are important components of continued wellness and recovery. | |
| Definition | Percent of Inpatient discharges for which the member received at least one follow-up service within 7 days of discharge. | |
| | Eligible Population (Inclusion Criteria) | <ul style="list-style-type: none"> Philadelphia County HealthChoices members who were discharged from a Psychiatric Inpatient program during the measurement year. Member must be continually eligible for Philadelphia County HealthChoices for at least 30 days post Inpatient discharge. Members must be at least 6 years of age. |
| | Do not include | <ul style="list-style-type: none"> Members who have insurance coverage other than HealthChoices (i.e. Medicare or Commercial) Members that have EAC claims within 1 day post Inpatient discharge. If the member is transferred to another Psychiatric Inpatient or Extended Acute Care facility Members that have another IP episode within 7 days of discharge. If the IP discharge uses any of the discharge status codes listed in Reference Table 1. |
| | If a member has multiple IP discharges during the measurement period | The member is considered to have multiple episodes. Therefore, although a member may be included in the discharge count of more than one provider or of one provider multiple times, each discharge will be counted once. |
| Denominator | Qualifying Discharges: Discharges of the Eligible Population listed above during the measurement period. | |
| Numerator | Discharges with Follow-Up: Of the Eligible Population, those discharges for which CBH received a claim for a follow-up service within 7 days from the date of discharge from a Psychiatric Inpatient hospital. | |

CIP THRESHOLDS

| Current Yr | Rate Range | Score |
|-------------|------------------|-------|
| At or Above | 63.00% | 3 |
| Between | 53.18% to 63.00% | 1.5 |
| Below | 53.18% | 0 |

**Community Behavioral Health
Level of Care: Psychiatric Inpatient and Extended Acute Care**

CIP02 and EAC01: 30-Day Follow-Up After Discharge

| | | |
|--------------------|--|--|
| Rationale | We include measurements of follow-up rate as an assessment of whether care is continued in a timely fashion after discharge following an Inpatient Psychiatric stay, since continuing support and early re-intervention are important components of continued wellness and recovery. | |
| Definition | Percent of IP discharges for which the member received at least one follow-up service within 30 days of discharge. | |
| | Eligible Population (Inclusion Criteria) | <ul style="list-style-type: none"> Philadelphia County HealthChoices members who were discharged from a Psychiatric Inpatient/EAC program during the measurement year. Member must be continually eligible for Philadelphia County HealthChoices for at least 30 days post Inpatient/EAC discharge. Members must be at least 6 years of age. |
| | Do not include | <ul style="list-style-type: none"> Members who have insurance coverage other than HealthChoices (i.e. Medicare or Commercial) Members that have EAC claims within 1 day post Inpatient discharge. If the member is transferred to another Psychiatric Inpatient or Extended Acute Care facility Members that have another IP episode within 7 days of discharge. If the IP discharge uses any of the discharge status codes listed in Reference Table 1. |
| | If a member has multiple IP discharges during the measurement period... | <ul style="list-style-type: none"> The member is considered to have multiple episodes. Therefore, although a member may be included in the discharge count of more than one provider or of one provider multiple times, each discharge will be counted once. |
| Denominator | Qualifying Discharges: Discharges of the Eligible Population listed above during the measurement period. | |
| Numerator | Discharges with Follow-Up: Of the Eligible Population, those discharges for which CBH received a claim for a follow-up service within 30 days from the date of discharge from a Psychiatric Inpatient hospital or Extended Acute Care. | |

CIP THRESHOLDS

| Current Yr | Rate Range | Score |
|-------------|------------------|-------|
| At or Above | 75.00% | 3 |
| Between | 67.29% to 75.00% | 1.5 |
| Below | 67.29% | 0 |

EAC THRESHOLDS

| Current Yr | Rate Range | Score |
|-------------|----------------|-------|
| At or Above | 92.0% | 4 |
| Between | 82.0% to 92.0% | 2 |
| Below | 82.0% | 0 |

**Community Behavioral Health
Level of Care: Psychiatric Inpatient and Extended Acute Care**

CIP16 and EAC05: 30 Day Readmission Outcomes Aggregate

| | | |
|--------------------|---|--|
| Rationale | Effective service planning and coordination/continuity of care are key components to preventing readmissions especially for those with case management. To measure the effectiveness of service planning and continuity of care, particularly discharge planning and coordination, we will examine the rate of members who are readmitted to inpatient treatment within a short time following discharge. | |
| Definition | Percent of discharges from IP that are readmitted to Inpatient treatment within 30 days. | |
| | Eligible Population (Inclusion Criteria) | <ul style="list-style-type: none"> Philadelphia County HealthChoices members who were discharged from a Psychiatric Inpatient/EAC program during the measurement year. Member must be continually eligible for Philadelphia County HealthChoices for at least 30 days post Psychiatric Inpatient/EAC discharge. Member must be older than 6 years of age. |
| | Do not include | <ul style="list-style-type: none"> If the member is ineligible for HealthChoices at the time of discharge. Members who have insurance coverage other than HealthChoices (i.e. Medicare or Commercial) If the IP discharge uses any of the discharge status codes listed in Reference Table 1. |
| | If a member has multiple IP readmissions during the measurement period... | The member is considered to have multiple episodes. Therefore, although a member may be included in the readmission count of more than one provider or of one provider multiple times, each readmission will be counted once. |
| Denominator | Qualifying Discharges: Discharges from Inpatient during the measurement period. | |
| Numerator | Discharges with Readmission: Those discharges for which CBH received a claim for a new Psychiatric Inpatient or EAC admission within 30 days from the member's initial Psychiatric Inpatient or EAC discharge. | |

CIP THRESHOLDS

| Current Yr | Rate Range | Score |
|------------|------------------|-------|
| Above | 16.54% | 0 |
| Between | 11.75% to 16.54% | 1 |
| Below | 11.75% | 2 |

EAC THRESHOLDS

| Current Yr | Rate Range | Score |
|-------------|----------------|-------|
| Above | 43.5% | 0.0 |
| Between | 38.7% to 43.5% | 1.5 |
| At or Below | 38.7% | 3 |

**Community Behavioral Health
Level of Care: Psychiatric Inpatient and Extended Acute Care**

Reference Table 1: Disqualifying Discharge Status Codes

| Discharge Code | Discharge Status Label |
|----------------|--|
| 2 | Discharged/Transferred to another hospital for inpatient care |
| 3 | Discharged/Transferred to a skilled nursing facility (SNF) |
| 4 | Discharged/Transferred to an Intermediate Care Facility |
| 5 | Discharge/Transferred to another type of institution for inpatient care |
| 20 | Expired |
| 43 | Discharged/Transferred to a Federal Hospital |
| 50 | Discharged to Hospice—Home |
| 51 | Discharged/Transferred to a Hospice medical facility |
| 61 | Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed |
| 62 | Discharged/Transferred to an Inpatient Rehabilitation Facility Including Distinct Part Units of a Hospital |
| 63 | Discharged/Transferred to Long Term Care Hospitals |
| 64 | Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare |
| 65 | Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital |
| 66 | Discharged/Transferred to a Critical Access Hospital (CAH) |
| 70 | Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List |

**Community Behavioral Health
Level of Care: Journey of Hope**

Journey of Hope (JoH)

Levels of Care

| | |
|--------------------------------|--|
| Levels of Care included | Includes CBH Levels of Care 200.007, 200.009 |
|--------------------------------|--|

Measurement Period

| | |
|-------------------------------|---|
| P4P Measurement Period | The measurement period for Journey of Hope discharges is January 1, 2020 – December 31, 2020 (CY 2020). |
|-------------------------------|---|

JOH00: Episode

| | | |
|----------------------------|--|---|
| Rationale | Episodes are created in order to enumerate the lengths of stay, courses of treatment and readmissions received by a member in a level of care, provided by a single grouped provider. | |
| Definition | An episode is a length of time spent receiving services in a level of care, distinct from other lengths of stay or courses of treatment. Episodes are distinguished from one another by a discharge. | |
| | Definition: Discharge | If the episode is defined by discharge, the episode is considered ended at the treatment end date provided to the Journey of Hope program manager. |
| | Multiple Episodes | For some levels of care, members may have multiple episodes during the course of the measurement year. In most cases, episodes shall be counted once per measure. In some cases, the measure specifies a count of unique clients, in which case each member shall be counted once regardless of the number of episodes that member has. |
| Mean Length of Stay | The average length of stay expresses the average length of episodes of care provided by the reporting provider. This is by the number of days elapsed from the admission date to the treatment end date reported to the JoH program manager. | |

**Community Behavioral Health
Level of Care: Journey of Hope**

Measures Included

| Measure Label | Practice Guidelines Domain | Measure Description |
|----------------------|--|--|
| JoH11-Stable | Screening, Assessment, Service Planning and Delivery | Percent Not Readmitted to Acute Levels of Care within 90 Days of Discharge (Recovery Initiation); Excluding Discharge Dispositions to Jail or Higher Acuity Levels of Care |
| JoH03a-Stable | Screening, Assessment, Service Planning and Delivery | Percent Having Length of Stay Greater than or Equal to Three (3) Months, Excluding Discharge Dispositions to Jail or Higher Acuity Levels of Care |
| JoH14-Stable | Continuing Support & Early Re-Intervention | 7-Day Follow-Up Rate, Excluding Discharge Dispositions to Jail or Higher Acuity Levels of Care |
| JoH06b-Stable | Continuing Support & Early Re-Intervention | 14-Day Follow-Up Rate, Excluding Discharge Dispositions to Jail or Higher Acuity Levels of Care |

**Community Behavioral Health
Level of Care: Journey of Hope**

JoH11 (Stable Discharges): Percent Not Readmitted to Acute Levels of Care within 90 Days of Discharge (Recovery Initiation); Excluding Discharge Dispositions to Jail or Higher Acuity Levels of Care

| | | |
|--------------------|--|---|
| Rationale | Recovery initiation, or not returning to the same or higher level of care within a critical window following discharge from at Journey of Hope program, is an indicator of sustained wellness post-discharge and is associated with long-term recovery. | |
| Definition | Percent of discharges for which the member is not readmitted to the same or higher Level of Care (i.e.: Inpatient, EAC, Detox or Rehab) within 90 days of discharge. | |
| | Eligible Population (Inclusion Criteria) | Individuals who were discharged from Journey of Hope within the measurement period. |
| | Exclude | Excluded discharges are those transferred to other Levels of Care/treatment (i.e.: Inpatient, Detox, Rehab, or Medical/Nursing Care) or who went directly to jail. |
| | If a member has multiple JoH discharges during the measurement period | The member is considered to have multiple episodes. Therefore, although a member may be included in the discharge count of more than one provider or of one provider multiple times, each discharge will be counted once. |
| | Measurement note | All qualifying episodes will be counted for this measure even in instances when individuals return to a Journey of Hope program within 30 days from discharge. |
| Denominator | Qualifying Discharges: Based on discharge disposition, qualifying discharges from Journey of Hope include Halfway House, Independent Living, MH Residential Program, Recovery House, Living with Friends/Family/Spouse, Other, PSH, Safe Haven, Shelter, or Whereabouts Unknown. Discharges of members older than 6 years of age who do not have Medicare coverage or insurance other than DBHIDS funding and who are continuously eligible for CBH Medicaid funding for the 90 consecutive days following discharge. | |
| Numerator | Discharges: Those JoH discharges for which CBH/BHSI did not receive a claim for the same or higher Level of Care within 90 days from date of discharge. | |

**Community Behavioral Health
Level of Care: Journey of Hope**

JOH11 THRESHOLDS

| Current Yr | Rate Range | Points |
|-------------------|-------------------|---------------|
| At or Above | 90.0% | 2 |
| Between | 80.0% to 90.0% | 1 |
| Below | 80.0% | 0 |

JoH03a (Stable Discharges): Percent Having Length of Stay Greater than or Equal to Three (3) Months; Excluding Discharge Dispositions to Jail or Higher Acuity Levels of Care

| | | |
|-------------------|---|---|
| Rationale | As JoH serves chronically homeless individuals, it is expected that this population would require longer time to engage and longer time in the program to address living situation issues (i.e.: issuance of a form of identification, housing, etc.) related to homelessness. Hence a stay greater than or equal to three (3) months is expected to be a minimally sufficient time to address living situation issues as well as for individuals to be engaged in their D&A treatment. | |
| Definition | Percent of Journey of Hope members who were discharged from the JoH program greater than or equal to three (3) months of admittance. | |
| | Eligible Population (Inclusion Criteria) | Individuals who were discharged from Journey of Hope within the measurement period. |
| | Exclude | Excluded discharges are those transferred to other Levels of Care/treatment (i.e.: Inpatient, Detox, Rehab, or Medical/Nursing Care) or who went directly to jail. |
| | If a member has multiple JoH discharges during the measurement period | The member is considered to have multiple episodes. Therefore, although a member may be included in the discharge count of more than one provider or of one provider multiple times, each discharge will be counted once. |
| | Measurement note | All qualifying episodes will be counted for this measure even in instances when individuals return to a Journey of Hope program within 30 days from discharge. |

**Community Behavioral Health
Level of Care: Journey of Hope**

| | |
|--------------------|--|
| Denominator | Qualifying Discharges: Based on discharge disposition, qualifying discharges from Journey of Hope include Halfway House, Independent Living, MH Residential Program, Recovery House, Living with Friends/Family/Spouse, Other, PSH, Safe Haven, Shelter, or Whereabouts Unknown. Discharges of members older than 6 years of age who do not have Medicare coverage or insurance other than DBHIDS funding and who are continuously eligible for CBH Medicaid funding for the 90 consecutive days following discharge. |
| Numerator | Discharges: Percent of Journey of Hope individuals who were discharged greater than or equal to three (3) months from admission to a JoH program. |

JOH03a THRESHOLDS

| Current Yr | Rate Range | Points |
|-------------------|-------------------|---------------|
| At or Above | 86.4% | 2 |
| Between | 66.8% to 86.4% | 1 |
| Below | 66.8% | 0 |

**Community Behavioral Health
Level of Care: Journey of Hope**

JoH14 (Stable Discharges): 7-Day Follow-Up Rate, Excluding Discharge Dispositions to Jail or Higher Acuity Levels of Care

| | | |
|--------------------|--|---|
| Rationale | We include a measurement of follow-up rate as an assessment of how care is continued in a timely fashion after discharge following a Journey of Hope stay since continuing support and early re-intervention are essential to sustaining wellness and enhancing long term recovery and are important components of the <i>Practice Guidelines</i> . | |
| Definition | Percent of JoH discharges for which the member received at least one follow-up Level of Care within seven (7) days of discharge. | |
| | Eligible Population (Inclusion Criteria) | Individuals who were discharged from Journey of Hope within the measurement period. |
| | Exclude | Excluded discharges are those transferred to other Levels of Care/treatment (i.e.: Inpatient, Detox, Rehab, or Medical/Nursing Care) or who went directly to jail. |
| | If a member has multiple JoH discharges during the measurement period | The member is considered to have multiple episodes. Therefore, although a member may be included in the discharge count of more than one provider or of one provider multiple times, each discharge will be counted once. |
| | Measurement note | In instances when individuals return to a Journey of Hope program within 30 days from discharge, the first qualifying episode will be excluded from this measure. |
| Denominator | Qualifying Discharges: Based on discharge disposition, qualifying discharges from Journey of Hope include Halfway House, Independent Living, MH Residential Program, Recovery House, Living with Friends/Family/Spouse, Other, PSH, Safe Haven, Shelter, or Whereabouts Unknown. Discharges of members older than 6 years of age who do not have Medicare coverage or insurance other than DBHIDS funding and who are continuously eligible for CBH Medicaid funding for the 90 consecutive days following discharge. | |

**Community Behavioral Health
Level of Care: Journey of Hope**

| | |
|------------------|---|
| Numerator | Discharges with Follow-Up: Those qualifying discharges for which CBH/BHSI received a claim for a follow-up Level of Care within seven (7) days from the member's date of discharge from Journey of Hope. |
|------------------|---|

JOH14 THRESHOLDS

| Current Yr | Rate Range | Points |
|-------------------|-------------------|---------------|
| At or Above | 91.3% | 2 |
| Between | 81.1% to 91.3% | 1 |
| Below | 81.1% | 0 |

**Community Behavioral Health
Level of Care: Journey of Hope**

JoH06b (Stable Discharges): 14-Day Follow-Up Rate, Excluding Discharge Dispositions to Jail or Higher Acuity Levels of Care

| | | |
|--------------------|--|---|
| Rationale | We include a measurement of follow-up rate as an assessment of how care is continued in a timely fashion after discharge following a Journey of Hope stay since continuing support and early re-intervention are essential to sustaining wellness and enhancing long term recovery and are important components of the <i>Practice Guidelines</i> . | |
| Definition | Percent of JoH discharges for which the member received at least one follow-up Level of Care within 14 days of discharge. | |
| | Eligible Population (Inclusion Criteria) | Individuals who were discharged from Journey of Hope within the measurement period. |
| | Exclude | Excluded discharges are those transferred to other Levels of Care/treatment (i.e.: Inpatient, Detox, Rehab, or Medical/Nursing Care) or who went directly to jail. |
| | If a member has multiple JoH discharges during the measurement period | The member is considered to have multiple episodes. Therefore, although a member may be included in the discharge count of more than one provider or of one provider multiple times, each discharge will be counted once. |
| | Measurement note | In instances when individuals return to a Journey of Hope program within 30 days from discharge, the first qualifying episode will be excluded from this measure. |
| Denominator | Qualifying Discharges: Based on discharge disposition, qualifying discharges from Journey of Hope include Halfway House, Independent Living, MH Residential Program, Recovery House, Living with Friends/Family/Spouse, Other, PSH, Safe Haven, Shelter, or Whereabouts Unknown. Discharges of members older than 6 years of age who do not have Medicare coverage or insurance other than DBHIDS funding and who are continuously eligible for CBH Medicaid funding for the 90 consecutive days following discharge. | |
| Numerator | Discharges with Follow-Up: Those qualifying discharges for which CBH/BHSI received a claim for a follow-up Level of Care within 14 days from the member's date of discharge from Journey of Hope. | |

Community Behavioral Health
Level of Care: Journey of Hope

JOH06b THRESHOLDS

| Current Yr | Rate Range | Points |
|-------------------|-------------------|---------------|
| At or Above | 90.0% | 2 |
| Between | 80.0% to 90.0% | 1 |
| Below | 80.0% | 0 |

**Community Behavioral Health
Level of Care: Journey of Hope**

| JoH01b (Recovery Initiation); JoH02a (Length of Stay); JoH13 (7-Day Follow-Up); JoH05b (14-Day Follow-Up); JoH08b (30-Day Follow-Up)-All Discharges | |
|--|--|
| All Discharges | Exclusion Criteria for All Discharges |
| • HALFWAY HOUSE | • CORRECTIONAL INSTIT. |
| • LIVING ALONE/INDEPENDENT | • COMM.INPATIENT |
| • MH RES. PROGRAM | • D/A RES. PROGRAM |
| • RECOVERY HOUSE | • D/A TREATMENT/DETOX. |
| • WITH PARENT/GUARDIAN | • MEDICAL/NURSING CARE |
| • WITH OTHER FRIENDS/FAMILY | • CONSUMER DIED |
| • WITH SPOUSE/SIG.OTHER | • WENT TO BOARDING HOME |
| • PERMANENT SUPPORTIVE HOUSING | |
| • SAFE HAVEN | |
| • SHELTER | |
| • WHERABOUTS UNKNOWN | |
| • AWOL/AMA | |
| • STREET | |
| • DUAL DIAGNOSIS RES. | |

| JoH11 (Recovery Initiation); JoH03a (Length of Stay); JoH14 (7-Day Follow-Up); JoH05b (14 Day Follow-Up); JoH08b (30 Day Follow-Up)-Stable Discharges | |
|--|---|
| Stable Discharges | Exclusion Criteria for Stable Discharges |
| • HALFWAY HOUSE | • CORRECTIONAL INSTIT. |
| • LIVING ALONE/INDEPENDENT | • COMM.INPATIENT |
| • MH RES. PROGRAM | • D/A RES. PROGRAM |
| • RECOVERY HOUSE | • D/A TREATMENT/DETOX. |
| • WITH PARENT/GUARDIAN | • MEDICAL/NURSING CARE |
| • WITH OTHER FRIENDS/FAMILY | • WENT TO BOARDING HOME |

**Community Behavioral Health
Level of Care: Journey of Hope**

| | |
|--|---|
| <ul style="list-style-type: none">• WITH SPOUSE/SIG.OTHER | <ul style="list-style-type: none">• AWOL/AMA |
| <ul style="list-style-type: none">• PERMANENT SUPPORTIVE HOUSING | <ul style="list-style-type: none">• SAFE HAVEN |
| <ul style="list-style-type: none">• DUAL DIAGNOSIS RES. | <ul style="list-style-type: none">• SHELTER |
| | <ul style="list-style-type: none">• WHEREABOUTS UNKNOWN |
| | <ul style="list-style-type: none">• STREET |
| | <ul style="list-style-type: none">• CONSUMER DIED |

**Community Behavioral Health
Level of Care: Journey of Hope**

| JoH12, (Recovery Initiation); JoH04a (Length of Stay); JoH15 (7-Day Follow-Up); JoH06b (14-Day Follow-Up); JoH010b (30-Day Follow-Up)-Vulnerable Discharges | |
|--|---|
| Vulnerable Discharges | Exclusion Criteria for Vulnerable Discharges |
| • SAFE HAVEN | • CORRECTIONAL INSTIT. |
| • SHELTER | • COMM.INPATIENT |
| • WHERABOUTS UNKNOWN | • D/A RES. PROGRAM |
| • AWOL/AMA | • D/A TREATMENT/DETOX. |
| • STREET | • MEDICAL/NURSING CARE |
| | • WENT TO BOARDING HOME |
| | • HALFWAY HOUSE |
| | • LIVING ALONE/INDEPENDENT |
| | • MH RES. PROGRAM |
| | • RECOVERY HOUSE |
| | • WITH PARENT/GUARDIAN |
| | • WITH OTHER FRIENDS/FAMILY |
| | • WITH SPOUSE/SIG.OTHER |
| | • PERMANENT SUPPORTIVE HOUSING |
| | • CONSUMER DIED |
| | • DUAL DIAGNOSIS RES. |

Community Behavioral Health

Level of Care: Outpatient, Mental Health

Outpatient, Mental Health (MHOP)

Levels of Care

| | |
|--------------------------------|--|
| Levels of Care included | Includes CBH Levels of Care as listed in Reference Table 1 and Table 4 . |
|--------------------------------|--|

Measurement Period

| | |
|-------------------------------|---|
| P4P Measurement Period | The Measurement Period for Mental Health Outpatient is January 1, 2020 – December 31, 2020. |
|-------------------------------|---|

Child vs. Adult Populations

| | |
|-------------------|--|
| Rationale | We assess providers separately on their services to children with a DSM diagnosis of Autism Spectrum Disorder (ASD) and without ASD because these two groups of children may have very different service utilization patterns. |
| Definition | A "child" is considered a member who is less than 18 years old on the episode start date. An episode of treatment for a member who is less than 18 years of age appears in either the Child ASD or Child Non-ASD report. Conversely, an episode of treatment for a member who is 18 years or older is considered an "adult" and will appear in the Adult report. An episode of treatment for child with a DSM diagnosis of Autism Spectrum Disorder appears in the Child ASD report. |

MHOP00: Episode – Therapeutic vs. MHOP Episode

| | |
|-------------------|--|
| Rationale | Episodes are created to enumerate the lengths of stay, courses of treatment and readmissions received by a member in a level of care, provided by a single grouped provider. |
| Definition | An episode is a length of time spent receiving services in a level of care, distinct from other lengths of stay or courses of treatment. |

Community Behavioral Health

Level of Care: Outpatient, Mental Health

| | | |
|--|--|--|
| | Definition: MHOP and Therapeutic Episodes | <ul style="list-style-type: none"> • Certain measures distinguish between mental health outpatient and therapeutic services. A <u>therapeutic</u> service is defined as all level of care codes included in Table 1; an <u>assessment</u> service is defined as all level of care codes included in Table 3. • For MHOP01, a treatment episode begins on the date of the first assessment service, as defined in Table 3. • For MHOP04a and MHOP05, the therapeutic episode begins on the date of the first therapeutic service, as defined in Table 1. |
| | Definition: Episode End | The episode is considered ended when there is a gap of 120 days or more between services in this level of care. |
| | Definition: Multiple Episodes | For some levels of care, members may have multiple episodes during the course of the measurement year. In most cases, episodes shall be counted once per measure. In some cases, the measure specifies a count of unique clients, in which case each member shall be counted once regardless of the number of episodes that member has. |

Measures Included for Adult, Child ASD and Child Non-ASD/ID

| Adult | Child Non-ASD | Child ASD/ID | Measure Description |
|----------------|----------------|----------------|--|
| MHOP01 | MHOP01 | | Percent Discharged from Higher LOCs Having MHOP Follow-Up Within 30 Days (Not measured for Child ASD/ID) |
| MHOP04a | MHOP04a | MHOP04a | Percent of Episodes Having At Least 2 Therapeutic Services within 30 Days of Episode Start |
| MHOP05 | MHOP05 | MHOP05 | Percent of Episodes Having Two or Fewer Therapeutic Services |

Bonus (not a scored measure) for all groupings:

- Community Connection and Mobilization: Participation in Behavioral Health Screening Events

Community Behavioral Health

Level of Care: Outpatient, Mental Health

MHOP01: Percent Discharged from Higher LOCs Having MHOP Follow-Up Within 30 Days

| | | |
|--------------------------|--|--|
| <p>Rationale</p> | <p>Timely access to outpatient services ensures continuity of care, an essential tool in sustaining wellness and enhancing long term recovery. Thus, this measure examines whether outpatient providers offer members timely outpatient follow-up after discharge from a higher level of care (e.g. Inpatient, Acute Partial, Residential Rehabilitation, etc.).</p> | |
| <p>Definition</p> | <p>Percent of outpatient mental health services, as defined in Reference Tables 1 and 5, received within 90 days of a higher-level-of-care discharge that occur within 30 days of discharge from a higher level of care, as defined in Table 7. RTF services apply to children only.</p> | |
| | <p>Eligible Population (Inclusion Criteria)</p> | <ul style="list-style-type: none"> • Philadelphia County HealthChoices members between ages 18-64 years of age (adults) or 17 years of age and younger (children) who do not have other insurance coverage • Member must be continuously eligible for HealthChoices for at least 30 days post discharge from their higher LOC. • Members must have at least one paid claim for a mental health outpatient service preceded by a discharge from a higher level of care within 90 days, as defined in Table 7. • The MHOP service must occur within the measurement year • The MHOP service must be the first service received following the discharge from a higher LOC • The Higher LOC discharge was no more than 90 days prior to the first MHOP service • The higher LOC discharges may fall within the last 90 days of the previous calendar year. |
| | <p>Exclude</p> | <ul style="list-style-type: none"> • This measure is not used for children who have a diagnosis of Autism Spectrum Disorder. • Members who have insurance coverage other than HealthChoices. • Members who lose HealthChoices eligibility for 15 days or more during the 30 days following discharge from the higher level of care. • Any qualifying outpatient service that is not the first in sequence following a higher-level-of-care discharge. • Individuals discharged from higher level of care services defined in Table 2. • Individuals who receive BHRS, CIRC, long-term partial, ACT, Targeted Case Management, or D&A Outpatient/IOP (as defined in Table 3). • Providers that perform assessments only, as individuals assessed by those providers necessarily receive additional services from other providers and not by the assessing |

Community Behavioral Health

Level of Care: Outpatient, Mental Health

| | | |
|--|--|---|
| | | <p>provider (the Outpatient portion of each episode ends when the individual begins service with a different provider).</p> |
| | <p>Linking outpatient services to discharges from higher levels of care</p> | <p>A qualifying outpatient service will be linked to only one and the most recent higher-level-of-care discharge in the episode. To be included in this measure, the outpatient service must occur within the reporting calendar year and must be the first service following a higher-level-of-care discharge. Some discharges from higher levels of care may occur in the previous calendar year. When this occurs, it is important to make sure that the outpatient service is directly preceded by a higher-level-of-care discharge.</p> <p>For instance, in linking a consumer’s outpatient service date of January 20, 2020 to a higher-level-of-care discharge, we find that the consumer was released from inpatient on December 5, 2019 (previous calendar year). However, we also find that the consumer received an outpatient service on December 22, 2019 (previous calendar year as well). In this scenario, the outpatient service on January 20th will be excluded from the measure because it is not directly preceded by a higher-level-of-care discharge. Although it represents the consumer’s first outpatient service within the reporting calendar year, it is not the first outpatient service in the episode.</p> <p>In contrast, a person with an outpatient service on January 20, 2020, who was discharged from inpatient on December 5, 2019, and who did not receive any outpatient service in between the inpatient discharge and the outpatient service, will be kept in the measure. In this second scenario, the outpatient service occurs within the reporting calendar year, and it represents the first qualifying outpatient service in the episode.</p> |
| | <p>If a member has multiple qualifying episodes with the same or multiple providers during the</p> | <p>...the individual may have multiple episodes with the same provider or with multiple providers within the reporting calendar year. A qualifying episode consists of a service that begins an episode followed by at least one MH outpatient service with the same provider. The member may be counted multiple times if that individual is determined to have multiple new episodes within the reporting year.</p> |

Community Behavioral Health

Level of Care: Outpatient, Mental Health

| | | |
|--------------------|---|--|
| | measurement period | |
| Denominator | Qualifying outpatient services: From the Eligible Population, number of qualifying mental health outpatient services that are <u>directly</u> preceded by a discharge from a higher level of care (as defined above) within 90 days. | |
| Numerator | 30-day Outpatient Follow-up: From the qualifying outpatient services, number of outpatient services occurring within 30 days of a qualifying discharge from a higher level of care. | |

MHOP01 ADULT THRESHOLDS

MHOP01 CHILD NON-ASD THRESHOLDS

| Current Yr | Rate Range | Score |
|-------------|------------------|-------|
| At or Above | 84.40% | 3 |
| Between | 73.40% to 84.39% | 1.5 |
| Below | 73.4% | 0 |

| Current Yr | Rate Range | Score |
|-------------|------------------|-------|
| At or Above | 80.00% | 3 |
| Between | 67.10% to 80.00% | 1.5 |
| Below | 67.1% | 0 |

Community Behavioral Health

Level of Care: Outpatient, Mental Health

MHOP04a: Percent of Episodes with At Least Two Therapeutic Services within 30 Days of Episode Start

| | | |
|------------|---|---|
| Rationale | Engagement in treatment early in the therapeutic relationship is critical to promoting long-term recovery. Because early engagement is an important element of care, measures of engagement/retention focus on the first 90 days of Outpatient service. | |
| Definition | Percent of individuals who receive 2 or more therapeutic Mental Health Outpatient services (as defined in Table 1) with the same provider on separate days within 30 days following the episode start date. Episode start date is the date of the first therapeutic service claim. | |
| | Eligible Population (Inclusion Criteria) | <ul style="list-style-type: none"> • Philadelphia County HealthChoices members between 18-64 years of age (adults), or 17 years of age or younger (children) who do not have other insurance coverage. • Member must be continuously eligible for HealthChoices for at least 30 days following the episode start date. • Episode start dates must occur within the measurement calendar year. • Children who have a diagnosis of Autism Spectrum Disorder are measured separately from those who do not. |
| | Exclude | <ul style="list-style-type: none"> • Members 65 and older • Members who have insurance coverage other than HealthChoices. • Individuals whose outpatient episodes began prior to the reporting year. • All levels of care coded as assessment or evaluation. • Individuals who use Inpatient, Detox, Rehab, RTFA, or RTF within 30 days of the episode start date. • Mental Health Outpatient services received during an acute episode or concurrent with a higher level of care. • Mental Health Outpatient services received concurrent with IOP, CIRC, BHRS, Acute Partial, or ACT services (Table 13). • Assessments and evaluations, as defined in Reference Table 5, and providers who perform these services only, as these are not therapeutic services, and individuals assessed by those providers necessarily receive additional services from other providers and not by the assessing provider. |
| | If a member has multiple qualifying episodes with the same or multiple | A qualifying episode consists of a service that begins an episode followed by at least one mental health outpatient service with the same provider. The individual may have multiple episodes with the same provider or with multiple providers within the reporting calendar year. The member may be counted multiple times if that |

Community Behavioral Health

Level of Care: Outpatient, Mental Health

| | | |
|-------------|--|---|
| | providers during the measurement period | individual is determined to have multiple new episodes within the measurement year. |
| Denominator | Qualifying episodes: Discharges of the Eligible Population listed above during the measurement period. | |
| Numerator | Episodes with two or more visits: From the qualifying episodes, number of episodes that have two or more <u>Therapeutic Outpatient</u> services with the same provider and within 30 days of the therapeutic episode start date. The therapeutic services must have occurred on separate dates. | |

MHOP04a ADULT THRESHOLDS

| Current Yr | Rate Range | Score |
|-------------|------------------|-------|
| At or Above | 68.50% | 3 |
| Between | 52.70% to 68.50% | 1.5 |
| Below | 52.7% | 0 |

MHOP04a CHILD, NON-ASD THRESHOLDS

| Current Yr | Rate Range | Score |
|-------------|------------------|-------|
| At or Above | 75.38% | 2 |
| Between | 60.37% to 75.38% | 1 |
| Below | 60.4% | 0 |

MHOP04a CHILD, ASD THRESHOLDS

| Current Yr | Rate Range | Score |
|-------------|------------------|-------|
| At or Above | 48.15% | 3 |
| Between | 19.06% to 48.15% | 1.5 |
| Below | 19.06% | 0 |

Community Behavioral Health

Level of Care: Outpatient, Mental Health

MHOP05: Percent of Episodes Having Two or Fewer Services (*Retention*)

| | | |
|-------------------|--|---|
| <p>Rationale</p> | <p>Continued engagement in treatment is crucial to continued recovery and wellness. Therefore, this retention measure supplements the other early engagement measure in examining clients' levels of continued therapeutic engagement with an outpatient provider. It does this by counting the percentage of new clients with only one or two therapeutic services with a provider during their entire treatment episode (defined as less than a 120-day gap between services).</p> | |
| <p>Definition</p> | <p>Lack of retention is measured as the percent of clients who have 2 or fewer therapeutic services (as defined in Table 1) on separate days with the same provider during a therapeutic episode.</p> | |
| | <p>Eligible Population (Inclusion Criteria)</p> | <ul style="list-style-type: none"> • Philadelphia County HealthChoices members between 18-64 years of age (adults), or 17 years of age or younger (children) who do not have other insurance coverage, • Members must be continuously eligible for HealthChoices for at least 90 days following the episode start date. • Episode start dates must occur within the measurement calendar year. • Children who have a diagnosis of Autism Spectrum Disorder are measured separately from those who do not. |
| | <p>Exclude</p> | <ul style="list-style-type: none"> • Members 65 and older • Members who have insurance coverage other than HealthChoices. • Individuals whose outpatient episodes began prior to the reporting year. • All levels of care coded as assessment or evaluation. • Individuals who use Inpatient, Detox, Rehab, RTFA, or RTF within the first 90 days of the episode start date. • Outpatient services received during an acute episode or concurrent with a higher level of care. • Outpatient services received concurrent with IOP, CIRC, BHRS, Acute Partial, or ACT services (Table 13). • Assessments and evaluations, as defined in Reference Table 5, and providers who perform these services <i>only</i>, as these are not therapeutic services, and individuals assessed by those providers necessarily receive additional services from other providers and not by the assessing provider. |
| | <p>If a member has multiple qualifying episodes during the</p> | <p>A qualifying therapeutic episode consists of a service included in Table 1 that begins an episode followed by at least one mental health outpatient service with the same provider. The individual may have multiple episodes with the same provider or with multiple providers within the reporting calendar year. The member may be counted</p> |

Community Behavioral Health

Level of Care: Outpatient, Mental Health

| | | |
|-------------|---|--|
| | measurement period | multiple times if that individual is determined to have multiple new therapeutic episodes within the measurement year. |
| Denominator | Qualifying episodes: From the eligible population, number of new outpatient therapeutic episodes. Services that begin episodes need to occur within the measurement calendar year. | |
| Numerator | Members with two or fewer dates of service: From the qualifying episodes, number of episodes with two (2) or fewer therapeutic services on different days with the same provider. | |

MHOP05 ADULT RHESHOLDS

| Current Yr | Rate Range | Score |
|-------------|------------------|-------|
| Above | 36.4% | 0 |
| Between | 24.31% to 36.40% | 1.5 |
| At or Below | 24.30% | 3 |

MHOP05 CHILD, NON-ASD THRESHOLDS

| Current Yr | Rate Range | Score |
|-------------|------------------|-------|
| Above | 40.0% | 0 |
| Between | 21.11% to 40.00% | 1.5 |
| At or Below | 21.11% | 3 |

MHOP05 CHILD, ASD THRESHOLDS

| Current Yr | Rate Range | Score |
|-------------|------------------|-------|
| Above | 61.6% | 0 |
| Between | 36.30% to 61.60% | 1.5 |
| At or Below | 36.30% | 3 |

Community Behavioral Health

Level of Care: Outpatient, Mental Health

Community Connection and Mobilization: Participation in a Behavioral Health Screening Event

| | |
|----------------|--|
| Rationale | Behavioral health screening events are an important way for service providers to increase access to care by working with communities to provide outreach to individuals who may not otherwise seek treatment or those who may not be aware of the services available to them. These screening events also help to reduce stigma around receiving behavioral health services by presenting behavioral health as an essential part of overall wellness. |
| Definition | Providers are considered to have participated in a behavioral health screening event if the Parent Provider has completed at least one event in conjunction with the community. |
| Event Criteria | <p>The pay-for-performance cycle for 2021 events is: November 1, 2020 – October 31, 2021.</p> <p>To receive pay-for-performance credit in 2021, community-based behavioral health screening events hosted by Drug and Alcohol and Mental Health Outpatient providers to must meet the following criteria:</p> <ul style="list-style-type: none">• Providers are required to host the following number of events, based on their 2021 combined Drug & Alcohol and Mental Health Outpatient 2020 census:<ul style="list-style-type: none">○ Small Providers = 2020 combined census of less than 1,000 CBH members → 1 event○ Large Providers = 2020 combined census of 1,000 CBH members or more → 2 events• Providers may host their event either in person or on-line.• The provider <i>must</i> outreach to the community to advertise/market the event, even if the event is hosted on-line.• Additional criteria:<ul style="list-style-type: none">○ Event must be registered on the Healthy Minds Philly® calendar.○ Event must be posted on Healthy Minds Philly calendar.○ Provider must submit Feedback Form within 2 weeks of event. The provider must include evidence of community outreach in this summary. |

Community Behavioral Health

Level of Care: Outpatient, Mental Health

Reference Table 1: Level of Care Codes for Mental Health Outpatient (MHOP) Therapeutic Services Excluding Assessment: These services are included in MHOP04a and MHOP05 and in the definition of a therapeutic episode.

| Level of Care | Level of Care Label |
|----------------------|--|
| 300.005 | (300-5) MEDICATION MANAGEMENT |
| 300.008 | (300-8) INDIV.THERAPY w/ PSYCHIATRIST |
| 300.009 | (300-9) INDIV.THERAPY NON-PSYCHIATRIST |
| 300.010 | (300-10) FAMILY/COUPLES PSYCHIATRIST |
| 300.011 | (300-11) FAMILY/COUPLE, NON-PSYCHIATRIST |
| 300.012 | (300-12) COLLATERAL FAMILY PSYCHIATRIST |
| 300.013 | (300-13) GROUP THERAPY |
| 300.016 | (300-16) CONSULTATION FEES-INITIAL |
| 300.017 | (300-17) CONSULTATION FEES-FOLLOW UP |
| 300.018 | (300-18) NON-ACUTE ECT |
| 300.019 | (300-19) ADMIN.MGT.FACE TO FACE W/CONSUMER |
| 300.020 | (300-20) ADMIN.MGT.FACE TO FACE W/COLLATERAL |
| 300.021 | (300-21) Healing Hurt People-Certified Peer Specialist |
| 300.022 | (300-22) COMMUNITY MENTAL HEALTH SERVICES OTHER |
| 300.023 | (300-23) FAMILY FOCUSED PSYCHIATRIC ASSESSMENT |
| 300.024 | (300-24) COLLATERAL FAMILY, NON-PSYCHIATRIST |
| 300.026 | (300-26) CLOZARIL MONITOR & EVAL |
| 300.027 | (300-27) CLOZAPINE SUPP SVCS |
| 300.028 | (300-28) RN/LPN HOME VISIT; 1-28 DAYS |
| 300.029 | (300-29) RN/LPN HOME VISIT >28 DAYS |
| 300.032 | (300-32) TRAUMA COUNSELING |
| 300.035 | (300-35) THERAPY W/ PSYCHIATRIST |
| 300.036 | (300-36) THERAPY NON-PSYCHIATRIST |
| 300.037 | (300-37) SPECIALIZED AUTISM SERVICES |
| 300.038 | (300-38) OUTPATIENT THERAPY FOR REACTIVE ATTACHMENT |
| 300.039 | (300-39) O/P THERAPY FOR DEAF W/DR. |
| 300.040 | (300-40) O/P THERAPY FOR DEAF W/MASTER LEVEL |
| 300.041 | (300-41) SPECIALIZED OUTPATIENT |
| 300.042 | (300-42) COMP. CHILD EVAL MD |
| 300.047 | (300-47) MH SERVICES |
| 300.049 | (300-49) THERAPEUTIC FLOOR TIME |
| 300.055 | (300-55) MEDICATION ADMIN AND EVAL (NON -PSYCHIATRIST) |
| 300.064 | (300-64) MEDICATION MANAGEMENT |
| 300.065 | (300-65) INDIV. THERAPY PSYCHIATRIST |
| 300.066 | (300-66) INDIV.THERAPY NON-PSYCHIATRIST |
| 300.067 | (300-67) FAMILY/COUPLES PSYCHIATRIST |
| 300.068 | (300-68) FAMILY/COUPLE NON-PSYCHIATRIST |
| 300.069 | (300-69) GROUP |

Community Behavioral Health

Level of Care: Outpatient, Mental Health

| Level of Care | Level of Care Label |
|----------------------|---|
| 300.070 | (300-70) COLLATERAL FAMILY PSYCHIATRIST |
| 300.071 | (300-71) COLLATERAL FAMILY NON-PSYCHIATRIST |
| 300.073 | (300-73) INDIVIDUAL THERAPY W/MED MGMT PSYCHIATRIST |
| 300.075 | (300-75) CANS CYD |
| 300.077 | (300-77) MH SERVICES (INTENSIVE) |
| 300.084 | (300-84) ADOLESCENT COURT PROGRAM |
| 300.087 | (300-87) COLLATERAL FAMILY - ENHANCED NON-PSYCH |
| 300.088 | (300-88) FAMILY/COUPLE - ENHANCED, NON-PSYCH |
| 300.089 | (300-89) FUNCTIONAL FAMILY THERAPY |
| 300.090 | (300-90) O/P FAMILY/COUPLE THERAPY FOR DEAF WITH MASTER |
| 300.091 | (300-91) COLLATERAL GROUP THERAPY |
| 300.092 | (300-92) BEHAVIORAL HEALTH OCCUPATIONAL THERAPY |
| 300.093 | (300-93) MUSIC THERAPY |
| 300.094 | (300-94) ENHANCED GROUP THERAPY |
| 300.095 | (300-95) OUTPATIENT PSYCHIATRIC-RN/LPN SHORT VISIT |
| 300.096 | (300-96) MOBILE MENTAL HEALTH TREATMENT |
| 300.097 | (300-97) ART THERAPY |
| 300.098 | (300-98) SPECIALIZED MMHT GROUP THERAPY |
| 300.099 | (300-99) SPECIALIZED MMHT FAMILY THERAPY |
| 300.100 | (300-100) SPECIALIZED OUTPATIENT FAMILY THERAPY |
| 300.101 | (300-101) SPECIALIZED OUTPATIENT INDIVIDUAL THERAPY |
| 300.102 | (300-102) SPECIALIZED GROUP THERAPY |
| 300.103 | (300-103) SPECIALIZED MMHT INDIVIDUAL THERAPY |
| 300.104 | (300-104) SPECIALIZED MEDICATION MANAGEMENT |
| 300.106 | (300-106) MH SERVICES (COMMUNITY) |
| 300.108 | (300-108) GROUP MUSIC THERAPY |
| 300.109 | (300-109) GROUP ART THERAPY |
| 300.110 | (300-110) MMHT-COLLATERAL FAMILY-NON PSYCHIATRIST |
| 300.111 | (300-111) MMHT-FAMILY/COUPLES-NON PSYCHIATRIST |
| 300.120 | (300-120) OUTPATIENT PSYCHIATRIC-DEAF GROUP THERAPY |
| 300.121 | (300-121) OUTPATIENT PSYCHIATRIC-DEAF MEDICATION |
| 300.123 | (300-123) MEDICATION MANAGEMENT-CRNP |
| 300.124 | (300-124) INDIVIDUAL THERAPY W/MED MGMT-CRNP |
| 300.126 | (300-126) CRISIS INTERVENTION-MOBILE INDIVIDUAL |
| 300.136 | (300-136) CRISIS INTERVENTION -HOTLINE SVC/TELEPHONE |
| 300.156 | (300-156) INDIVIDUAL THERAPY - CFTSI |
| 300.142 | (300-142) INDIVIDUAL THERAPY- NON - PSYCHIATRIST-MODERATE |
| 300.143 | (300-143) INDIVIDUAL THERAPY - NON - PSYCHIATRIC-COMPLEX |
| 300.153 | (300-153) OUTPATIENT PSYCHIATRIC- INDIVIDUAL |
| 300.155 | (300-155) INDIVIDUAL THERAPY NON-PSYCH 60 MIN. |
| 300.156 | (300-156) INDIVIDUAL THERAPY - CFTSI |

Community Behavioral Health

Level of Care: Outpatient, Mental Health

| Level of Care | Level of Care Label |
|----------------------|--|
| 300.157 | (300-157) INDIVIDUAL THERAPY - TFCBT |
| 300.158 | (300-158) FAMILY THERAPY - CFTSI |
| 300.159 | (300-159) FAMILY THERAPY - TFCBT |
| 300.161 | (300-161) MMH MEDICATION MANAGEMENT |
| 300.162 | (300-162) INDIV. THERAPY W/PSYCHIATRIST- MODERATE |
| 300.163 | (300-163) INDIV. THERAPY W/PSYCHIATRIST COMPLEX |
| 300.164 | (300-164) Outpatient Psychiatric-individual Therapy Non Psychiatrist |
| 300.166 | (300-166) Group Therapy-DBT Skills Comprehensive |
| 300.170 | (300-170) Initial Autism Assessment |
| 300.171 | (300-171) OP Psychiatric-Ind'l Therapy Non-Psych Trauma Counseling |
| 300.173 | (300-173) OP Psychiatric-Ind'l Therapy Non-Psych-Complex-Trauma |
| 300.186 | (300-186) Family Collateral - PCIT |
| 300.187 | (300-187) Family Collateral - TF-CBT |
| 300.188 | (300-188) Group Therapy - Family DBT Group |
| 300.189 | (300-189) Group Therapy - Family Collateral DBT Group |
| 300.191 | (300-191) PriCARE-Family Collateral Group |
| 300.192 | (300-192) BHC-Psychologist |
| 300.193 | (300-193) BHC-Licensed Clinician |
| 300.200 | (300-200) MAT-Medication Management Opioid Tx-Non Methadone |
| 300.202 | (300-202) PEACE-Case Rate Payment (1-7 days) |
| 300.203 | (300-203) PEACE-Case Rate Payment (8-14 days) |
| 300.204 | (300-204) PEACE-Case Rate Payment (15-21 days) |
| 300.205 | (300-205) PEACE-Case Rate Payment(22days or greater) |
| 300.206 | (300-206) Individual Therapy-ESFT |
| 300.207 | (300-207) Family Therapy-ESFT |
| 300.208 | (300-208) Family Collateral Therapy- ESFT |
| 300.211 | (300-211) Individual Therapy-CBT |
| 300.212 | (300-212) Group Therapy-CBT |
| 300.213 | (300-213) Family Therapy-CBT |
| 300.220 | (300-220) Individual Therapy-TARGET |
| 300.221 | (300-221) Group Therapy-TARGET |
| 300.222 | (300-222) Individual Therapy-Exposure Based CBT |
| 300.223 | (300-223) Family Therapy-Exposure Based CBT |
| 300.224 | (300-224) Family Collateral Therapy- Exposure Based CBT |
| 300.221 | (300-221) Group Therapy-TARGET |
| 300.222 | (300-222) Individual Therapy-Exposure Based CBT |
| 300.223 | (300-223) Family Therapy-Exposure Based CBT |
| 300.224 | (300-224) Family Collateral Therapy- Exposure Based CBT |

Community Behavioral Health

Level of Care: Outpatient, Mental Health

Reference Table 2: Individuals Discharged from These Services Are Excluded From Follow-Up Measures

| Level of Care Code | Level of Care Label |
|---------------------------|--|
| 325.001 | (325-1) LICENSED ADULT PSY.PART.-ADULT ADULT |
| 325.002 | (325-2) LICENSED ADULT PSY.PART.-CHILD CHILD |
| 325.003 | (325-3) PSYCH.PART.ADULT-NONCOVERED NONCOVERED MEDICARE |
| 325.004 | (325-4) PSYCH.PART.CHILD-NONCOVERED NONCOVERED MEDICARE |
| 325.005 | (325-5) LICENSED CHILD PSY.PART.ADULT ADULT |
| 325.006 | (325-6) LICENSED CHILD PSY.PART.CHILD CHILD |
| 325.007 | (325-7) PARTIAL AFTER SCHOOL |
| 325.008 | (325-8) ACUTE PARTIAL |
| 325.009 | (325-9) INTERMEDIATE PARTIAL |
| 325.010 | (325-10) CHILD TRANSITION PROGRAM |
| 325.011 | (325-11) CHILD PRESCHOOL PROGRAM |
| 325.012 | (325-12) SUBACUTE PARTIAL - PCHD ONLY |
| 325.013 | (325-13) INTERMEDIATE PARTIAL-PCHD ONLY |
| 325.014 | (325-14) ACUTE PARTIAL - PCHD ONLY |
| 325.016 | (325-16) ACUTE PARTIAL/INTENS/NEW VITAE ONLY |
| 325.017 | (325-17) ACUTE PARTIAL SPECIFIC AUTH |
| 325.018 | (325-18) SCHOOL BASED |
| 325.019 | (325-19) PARTIAL PSYCHIATRIC: LTSR |
| 325.020 | (325-20) EVALUATION NON-MD |
| 325.022 | (325-022) Partial Psychiatric – New Sub-acute Partial PCHD Only |
| 325.023 | (325-023) Partial Psychiatric – New Intermediate Partial PCHD Only |
| 325.024 | (325-024) Partial Psychiatric – New Acute Partial PCHD Only |
| 400.001 | (400-1) BEHAV.SPECIALIST RETRAINING RETRAINING |
| 400.002 | (400-2) BEHAVIORAL SPECIALIST PhD. |
| 400.003 | (400-3) BEHAV.SPECIALIST MASTER LEVEL LEVEL |
| 400.004 | (400-4) CASE MANAGEMENT SERVICES |
| 400.005 | (400-5) DIAGNOSIS INTELLECT EVALUATION |
| 400.006 | (400-6) DIAGNOSIS PERSONALITY EVAL. |
| 400.007 | (400-7) MOBILE THERAPY |
| 400.008 | (400-8) THERAPEUTIC SUPPORT |
| 400.009 | (400-9) COMPREHENS DIAGNOSTIC PSY.EVAL EVALUATION |
| 400.010 | (400-10) COMPREHENSIVE NEURO.EVALUATION EVALUATION |
| 400.011 | (400-11) COMPREHENS.NEURO.PERSONAL.EVAL PERSONALITY EVALUATION |
| 400.012 | (400-12) PSYCHOLOGICAL EVALUATION |
| 400.013 | (400-13) OTHER |
| 400.014 | (400-14) AFTER SCHOOL PROGRAM |
| 400.015 | (400-15) THERAPEUTIC CAMP |
| 400.016 | (400-16) TSS AIDE |
| 400.018 | (400-18) GROUP TSS |

Community Behavioral Health

Level of Care: Outpatient, Mental Health

| Level of Care Code | Level of Care Label |
|---------------------------|--|
| 400.019 | (400-19) PACT WRAPAROUND |
| 400.020 | (400-20) CAP WRAPAROUND 265 E. LEHIGH AVE. |
| 400.021 | (400-21) CAP WRAPAROUND 27 E. MOUNT AIRY AVE. |
| 400.022 | (400-22) INTENSIVE SUMMER CAMP |
| 400.023 | (400-23) ENHANCED SUMMER CAMP |
| 400.024 | (400-24) EMERGENCY THERAPEUTIC SUPPORT |
| 400.025 | (400-25) EMERGENCY BEHAVIORAL SPECIALIST CONSULT. |
| 400.026 | (400-26) EMERGENCY MOBILE THERAPY |
| 400.027 | (400-27) TSS AIDE - INTERPRETER |
| 400.028 | (400-28) SPECIALIZED DUAL DIAGNOSIS |
| 400.029 | (400-29) PSYCHOLOGICAL EVAL-MODEL COURT |
| 400.030 | (400-30) PILOT EVALUATION PROGRAM |
| 400.031 | (400-31) TSS SCHOOL |
| 400.032 | (400-32) TSS NON-SCHOOL |
| 400.034 | (400-34) CTSS MENTAL HEALTH WORKER |
| 400.035 | (400-35) CTSS THERAPIST |
| 400.036 | (400-36) BSC SPECIALIZED |
| 400.041 | (400-41) SBBH (BACHE-MARTIN) |
| 400.042 | (400-42) SBBH (FERGUSON) |
| 400.043 | (400-43) SBBH (COOK-WISSAHICKON) |
| 400.044 | (400-44) SBBH (KELLY) |
| 400.045 | (400-45) SBBH (A.D. HARRINGTON) |
| 400.046 | (400-46) SBBH (TURNER) |
| 400.047 | (400-47) CARE |
| 400.050 | (400-50) BIOPSYCHOSOCIAL EVAL MD |
| 400.051 | (400-51) BIOPSYCHOSOCIAL EVAL NON-MD |
| 400.052 | (400-52) COURT EVALUATION MD |
| 400.053 | (400-53) COURT EVALUATION NON-MD |
| 400.054 | (400-54) RE-EVALUATION MD |
| 400.057 | (400-57) RE-EVALUATION NON-MD |
| 400.060 | (400-60) PRESCHOOL FAMILY INTERVENTION |
| 400.061 | (400-61) SBBH (CLEMENTE) |
| 400.062 | (400-62) SBBH (DOUGLASS, F.) |
| 400.063 | (400-63) SBBH (HARDING) |
| 400.064 | (400-64) SBBH (JONES) |
| 400.065 | (400-65) SBBH (WEBSTER) |
| 400.066 | (400-66) SBBH (MITCHELL, S.W.) |
| 400.067 | (400-67) MOBILE THERAPY DEAF SERVICES |
| 400.068 | (400-68) TSS SCHOOL WITH AUTISM |
| 400.069 | (400-69) TSS NON-SCHOOL WITH AUTISM |
| 400.070 | (400-70) SBBH |
| 400.072 | (400-72) TESC |
| 400.075 | (400-75) CANS JJS |
| 400.076 | (400-76) SVC FOR DEAF CHILDREN BEHAVIOR SPECIALIST |
| 400.077 | (400-77) SVC FOR DEAF CHILDREN TSS SCHOOL |

Community Behavioral Health

Level of Care: Outpatient, Mental Health

| Level of Care Code | Level of Care Label |
|---------------------------|--|
| 400.078 | (400-78) SVC FOR DEAF CHILDREN TSS NON- SCHOOL |
| 400.079 | (400-79) SVC DEAF CHILD TSS AIDE SCHOOL |
| 400.080 | (400-80) SVC DEAF CHILD TSS AIDE NON-SC HOOL |
| 400.081 | (400-81) GROUP TSS - SPECIALIZED |
| 400.083 | (400-83) LEAD CLINICIAN |
| 400.084 | (400-84) SBBH - MOBILE THERAPY |
| 400.085 | (400-85) SBBH - GROUP MOBILE THERAPY |
| 400.086 | (400-86) NURTURE |
| 400.087 | (400-87) SBBH - SCHOOL BASED SEVICES ASSESSMENT |
| 400.088 | (400-88) SCHOOL THERAPEUTIC SERVICES |
| 400.089 | (400-89) BHRS - TRAUMA COUNSELING |
| 400.090 | (400-90) PSYCHOSEXUAL EVALUATION |
| 400.091 | (400-91) PCIT-LEAD CLINICIAN |
| 400.092 | (400-92) MULTI-SYSTEMIC THERAPY |
| 400.094 | (400-94) MOBILE THERAPY WITH AUTISM |
| 400.095 | (400-95) BSC WITH AUTISM |
| 400.096 | (400-96) ABA SERVICES |
| 400.097 | (400-97) AFTER SCHOOL TRAUMA TREATMENT PROGRAM |
| 400.098 | (400-98) AFTER SCHOOL WELLNESS PROGRAM |
| 400.099 | (400-99) FUNCTIONAL FAMILY THERAPY |
| 400.100 | (400-100) FFT ASSESSMENT |
| 400.101 | (400-101) DEAF CBE-PSYCHOLOGIST |
| 400.102 | (400-102) DEAF CBR-PYCHOLOGIST |
| 400.103 | (400-103) BHRS School Therapeutic Services II |
| 400.104 | (400-104) FACT-MT |
| 700.003 | (700-3) DAY PROGRAM ITEMIZED |
| 400.126 | (400-126) BHRS Assessment |
| 400.127 | (400-127) BHRS Initial Treatment |
| 400.128 | (400-128) BHRS Assessment-Autism |
| 400.129 | (400-129) BHRS Initial Treatment-Autism |
| 400.130 | (400-130) BHRS Assessment-ABA |
| 400.131 | (400-131) BHRS Treatment-ABA |
| 400.132 | (400-132) STS Assessment |
| 400.133 | (400-133) STS Initial Treatment |
| 425.001 | (425-1) Level of Care Assessment Licensed Professional |
| 425.002 | (425-2) Psychological Evaluation |
| 425.003 | (425-3) Treatment Team Support Psychologist |
| 425.004 | (425-4) Assessment |
| 425.005 | (425-5) Initial Treatment |
| 425.006 | (425-6) Assessment-ABA |
| 425.007 | (425-7) Initial Treatment-ABA |
| 425.008 | (425-8) Behavior Consultation |

Community Behavioral Health

Level of Care: Outpatient, Mental Health

| Level of Care Code | Level of Care Label |
|--------------------|---|
| 425.009 | (425-9) Behavior Consultation- Licensed |
| 425.010 | (425-10) Behavior Consultation- Specialized |
| 425.011 | (425-11) Mobile Therapist |
| 425.012 | (425-12) Mobile Therapist-Licensed |
| 425.013 | (425-13) Mobile Therapy-Specialized |
| 425.014 | (425-14) Mobile Therapy-Group (4 to 8 group members) |
| 425.015 | (425-15) Mobile Therapy-Group (9 to 12 group members) |
| 425.016 | (425-16) Mobile Therapy-Group (13 to 20 group members) |
| 425.017 | (425-17) Behavioral Health Technician |
| 425.018 | (425-18) Behavioral Health Technician-Specialized |
| 425.019 | (425-19) Behavioral Health Technician Group |
| 425.020 | (425-20) Functional Family Therapy |
| 425.021 | (425-21) Multi Systemic Therapy |
| 425.022 | (425-22) Multi Systemic Therapy-PSB |
| 425.023 | (425-23) CTSS |
| 425.024 | (425-24) Music Therapy |
| 425.025 | (425-25) Early Childhood Intensive Treatment |
| 425.026 | (425-26) Therapeutic Afterschool Program |
| 425.027 | (425-27) Summer Therapeutic Activities Program |
| 425.028 | (425-28) BCBA-ABA Services |
| 425.029 | (425-29) Behavior Consultation-ABA Services |
| 425.030 | (425-30) Assistant Behavior Consultation-ABA Services |
| 425.031 | (425-31) Behavioral Health Technician ABA Services |
| 425.032 | (425-32) Group Behavioral Health Treatment-BHT ABA Services |
| 425.033 | (425-33) Group Behavioral Health Treatment-BC-ABA Services |
| 425.034 | (425-34) Care Coordinator |
| 425.035 | (425-35) Family Peer Support |
| 425.049 | (425-49) IBHS ABA Services LOC Assessment by Licensed Prof. |
| 425.050 | (425-50) IBHS ABA Services Psychological Evaluation |
| 425.051 | (425-51) IBHS ABA Services Mobile Therapy |
| 425.052 | (425-52) IBHS ABA Services Mobile Therapy-Licensed |
| 700.004 | (700-4) DAY PROGRAM ITEMIZED |
| 700.007 | (700-7) CIRC-Psychiatric Rehab-Site Based |
| 700.009 | (700-9) CIRC-Psychiatric Rehab-Mobile |
| 700.011 | (700-11) WHOQOL-BREF Assessment |
| 700.024 | (700-24) CIRC-Common Ground-Medication Training |
| 700.025 | (700-25) CIRC-Individual Therapy PE |
| 700.026 | (700-26) CIRC-Group Therapy DBT |
| 700.027 | (700-27) CIRC-Individual Therapy DBT |
| 700.028 | (700-28) CIRC-Group Therapy-Family DBT Group |

Community Behavioral Health

Level of Care: Outpatient, Mental Health

| Level of Care Code | Level of Care Label |
|---------------------------|--|
| 700.029 | (700-29) CIRC-Group Therapy-Family Collateral DBT Group |
| 700.030 | (700-30) CIRC-Evaluation-CRNP |
| 700.031 | (700-31) CIRC-Medication Management CRNP |
| 800.019 | (800-19) ACT (ASSERTIVE COMMUNITY OUTREACH) |
| 800.022 | (800-22) Community Support Psychiatric- Assertive Community Trt CTT II |

Reference Table 3: Alternative Services That May Meet Follow-Up Needs. Individuals receiving these services concurrently with MHOP following discharge from a higher LOC are excluded from follow-up measures.

| Level of Care Code | Level of Care Label |
|---------------------------|--|
| 325.001 | (325-1) LICENSED ADULT PSY.PART.-ADULT ADULT |
| 325.002 | (325-2) LICENSED ADULT PSY.PART.-CHILD CHILD |
| 325.003 | (325-3) PSYCH.PART.ADULT-NONCOVERED NONCOVERED MEDICARE |
| 325.004 | (325-4) PSYCH.PART.CHILD-NONCOVERED NONCOVERED MEDICARE |
| 325.005 | (325-5) LICENSED CHILD PSY.PART.ADULT ADULT |
| 325.006 | (325-6) LICENSED CHILD PSY.PART.CHILD CHILD |
| 325.007 | (325-7) PARTIAL AFTER SCHOOL |
| 325.008 | (325-8) ACUTE PARTIAL |
| 325.009 | (325-9) INTERMEDIATE PARTIAL |
| 325.010 | (325-10) CHILD TRANSITION PROGRAM |
| 325.011 | (325-11) CHILD PRESCHOOL PROGRAM |
| 325.012 | (325-12) SUBACUTE PARTIAL - PCHD ONLY |
| 325.013 | (325-13) INTERMEDIATE PARTIAL-PCHD ONLY |
| 325.014 | (325-14) ACUTE PARTIAL - PCHD ONLY |
| 325.016 | (325-16) ACUTE PARTIAL/INTENS/NEW VITAE ONLY |
| 325.017 | (325-17) ACUTE PARTIAL SPECIFIC AUTH |
| 325.018 | (325-18) SCHOOL BASED |
| 325.019 | (325-19) PARTIAL PSYCHIATRIC: LTSR |
| 325.020 | (325-20) EVALUATION NON-MD |
| 325.022 | (325-022) Partial Psychiatric – New Sub-acute Partial PCHD Only |
| 325.023 | (325-023) Partial Psychiatric – New Intermediate Partial PCHD Only |
| 325.024 | (325-024) Partial Psychiatric – New Acute Partial PCHD Only |
| 350.001 | (350-1) PSYCH. EVALUATION |
| 350.002 | (350-2) PHYSICAL EXAM BY A PHYSICIAN |
| 350.003 | (350-3) ASSESSMENT |
| 350.005 | (350-5) MEDICATION MANAGEMENT |
| 350.007 | (350-7) PSYCHOLOGICAL TESTING |
| 350.008 | (350-8) INDIV.THERAPY-PSYCHIATRIST PSYCHIATRIST |
| 350.009 | (350-9) INDIV.THERAPY-NON-PSYCHIATRIST NON-PSYCHIATRIST |
| 350.010 | (350-10) FAMILY/COUPLES-PSYCHIATRIST |

Community Behavioral Health

Level of Care: Outpatient, Mental Health

| Level of Care Code | Level of Care Label |
|---------------------------|--|
| 350.011 | (350-11) FAM./COUPLES NON-PSYCHIATRIST NON-PSYCHIATRIST |
| 350.012 | (350-12) COLLATERAL FAMILY PSYCHIATRIST |
| 350.013 | (350-013) GROUP SESSIONS |
| 350.013 | (350-13) GROUP THERAPY |
| 350.025 | (350-25) COLLATER.FAM.NON-PSYCHIATRIST NON-PSYCHIATRIST |
| 350.035 | (350-35) THERAPY W/ PSYCHIATRIST |
| 350.036 | (350-36) THERAPY NON-PSYCHIATRIST |
| 350.037 | (350-37) SPECILAIZED OP PRE-ENGAGEMENT 30 DAYS |
| 350.038 | (350-38) IND.THERAPY NON-PSYCH INTERPRE TER |
| 350.040 | (350-40) BIOPSYCHOSOCIAL EVAL. MD |
| 350.041 | (350-41) BIOPSYCHOSOCIAL EVAL. NON-MD |
| 350.042 | (350-42) RE-EVALUATION MD |
| 350.043 | (350-43) RE-EVALUATION NON-MD |
| 350.055 | (350-55) MEDICATION ADMIN AND EVAL (NON -PSYCHIATRIST) |
| 350.056 | (350-56) FAM/COUPLES NON-PSYCH INTERPRE TER |
| 350.057 | (350-57) BEHAVIORAL HEALTH COUNSELING & THERAPY |
| 350.058 | (350-58) COLLATERAL GROUP THERAPY |
| 350.059 | (350-59) MEDICATION MANAGEMENT INTERPRETER |
| 350.060 | (350-60) GROUP THERAPY INTERPRETER |
| 350.061 | (350-61) BIOPSYCHOSOCIAL EVAL, MD. INTERPRETER |
| 350.123 | (350-123) MEDICATION MANAGEMENT-CRNP |
| 350.124 | (350-124) FAMILY THERAPY - TFCBT |
| 350.127 | (350-127) INDIVIDUAL THERAPY - TFCBT |
| 350.152 | (350-152) CRNP EVALUATION |
| 350.154 | (350-154) MAT-Medication Admin and Eval -Opioid Tx-Non-Methadone |
| 350.155 | (350-155) MAT-Medication Management -Opioid Tx-Non-Methadone |
| 350.156 | (350-156) MAT-Physical Exam-Opioid Tx-Non Methadone |
| 350.157 | (350-157) Individual Therapy Psychiatrist |
| 350.163 | (350-163) Individual Therapy-PE |
| 350.164 | (350-164) Individual Therapy-CBT |
| 350.165 | (350-165) Group Therapy-CBT |
| 350.166 | (350-166) Family Therapy-CBT |
| 350.695 | (350.695) ASSESSMENT/SERVICE PLANNING |
| 350.696 | UNKNOWN MEMBER |
| 350.697 | (350.697) INDIVIDUAL COUNSELING |
| 350.698 | (350.698) FAMILY COUNSELING |
| 350.699 | (350.699) SERVICE CONSULTATIONS |
| 350.700 | (350.700) RECOVERY ORENTIED ASSESSMENT/PLANNING |
| 350.700 | (350.700) RECOVERY RESOURCE COORDINATION |
| 350.956 | (350.956) PYSCHOEDUCATIONAL GROUP |
| 350.957 | (350.957) FAMILY COUNSELING |
| 350.958 | (350.958) RECOVERY RESOURCE/REFERRAL ASSISTANCE |
| 350.959 | (350.959) PYSCHOEDUCATIONAL GROUP |

Community Behavioral Health

Level of Care: Outpatient, Mental Health

| Level of Care Code | Level of Care Label |
|---------------------------|--|
| 350.960 | (350.960) RECOVERY HOUSE |
| 350.961 | (350.961) SCREENING |
| 350.962 | (350.962) SERVICE CONSULTATIONS |
| 350.963 | (350.963) INDIVIDUAL COUNSELING |
| 350.964 | (350.964) ASSESSMENT/SERVICE PLANNING |
| 350.975 | (350-975) URINE ANALYSIS |
| 350.976 | (350-976) PHYSICAL EXAM |
| 350.982 | (350-982) TRANSLATION SERVICE FOR HEARING IMPAIRED- |
| 350.983 | (350-983) ASSESSMENT ONLY |
| 350.984 | (350-984) PSYCHIATRIC EVALUATIONS |
| 350.985 | (350-985) INDIVIDUAL SESSIONS |
| 350.988 | (350-988) PSYCHIATRIC EVALUATIONS |
| 350.990 | (350-990) MED CHECK |
| 350.991 | (350-991) INDIVIDUAL SESSIONS |
| 350.995 | (350-995) FAMILY THERAPY |
| 350.996 | (350-996) FAMILY SESSIONS |
| 350.997 | (350-997) ENHANCED OUTPATIENT |
| 350.998 | (350-998) DRUG EVALUATION VISIT |
| 350.999 | (350-999) COMPREHENSIVE PSYCHOLOGICAL |
| 375.009 | (375-009) LAAM |
| 375.002 | (375-2) PARTIAL D&A - METHADONE MAINTENANCE DAILY |
| 375.011 | (375-11) IOP (15 min) |
| 375.014 | (375-14) Partial D&A-D&A Partial Hospitalization |
| 400.001 | (400-1) BEHAV.SPECIALIST RETRAINING RETRAINING |
| 400.002 | (400-2) BEHAVIORAL SPECIALIST PhD. |
| 400.003 | (400-3) BEHAV.SPECIALIST MASTER LEVEL |
| 400.004 | (400-4) CASE MANAGEMENT SERVICES |
| 400.005 | (400-5) DIAGNOSIS INTELLECT EVALUATION |
| 400.006 | (400-6) DIAGNOSIS PERSONALITY EVAL. |
| 400.007 | (400-7) MOBILE THERAPY |
| 400.008 | (400-8) THERAPEUTIC SUPPORT |
| 400.009 | (400-9) COMPREHENS DIAGNOSTIC PSY.EVAL EVALUATION |
| 400.010 | (400-10) COMPREHENSIVE NEURO.EVALUATION EVALUATION |
| 400.011 | (400-11) COMPREHENS.NEURO.PERSONAL.EVAL PERSONALITY EVALUATION |
| 400.012 | (400-12) PSYCHOLOGICAL EVALUATION |
| 400.013 | (400-13) OTHER |
| 400.014 | (400-14) AFTER SCHOOL PROGRAM |
| 400.015 | (400-15) THERAPEUTIC CAMP |
| 400.016 | (400-16) TSS AIDE |
| 400.018 | (400-18) GROUP TSS |
| 400.019 | (400-19) PACT WRAPAROUND |
| 400.020 | (400-20) CAP WRAPAROUND 265 E. LEHIGH AVE. |
| 400.021 | (400-21) CAP WRAPAROUND 27 E. MOUNT AIRY AVE. |

Community Behavioral Health

Level of Care: Outpatient, Mental Health

| Level of Care Code | Level of Care Label |
|---------------------------|--|
| 400.022 | (400-22) INTENSIVE SUMMER CAMP |
| 400.023 | (400-23) ENHANCED SUMMER CAMP |
| 400.024 | (400-24) EMERGENCY THERAPEUTIC SUPPORT |
| 400.025 | (400-25) EMERGENCY BEHAVIORAL SPECIALIST CONSULT. |
| 400.026 | (400-26) EMERGENCY MOBILE THERAPY |
| 400.027 | (400-27) TSS AIDE - INTERPRETER |
| 400.028 | (400-28) SPECIALIZED DUAL DIAGNOSIS |
| 400.029 | (400-29) PSYCHOLOGICAL EVAL-MODEL COURT |
| 400.030 | (400-30) PILOT EVALUATION PROGRAM |
| 400.031 | (400-31) TSS SCHOOL |
| 400.032 | (400-32) TSS NON-SCHOOL |
| 400.034 | (400-34) CTSS MENTAL HEALTH WORKER |
| 400.035 | (400-35) CTSS THERAPIST |
| 400.036 | (400-36) BSC SPECIALIZED |
| 400.041 | (400-41) SBBH (BACHE-MARTIN) |
| 400.042 | (400-42) SBBH (FERGUSON) |
| 400.043 | (400-43) SBBH (COOK-WISSAHICKON) |
| 400.044 | (400-44) SBBH (KELLY) |
| 400.045 | (400-45) SBBH (A.D. HARRINGTON) |
| 400.046 | (400-46) SBBH (TURNER) |
| 400.047 | (400-47) CARE |
| 400.050 | (400-50) BIOPSYCHOSOCIAL EVAL MD |
| 400.051 | (400-51) BIOPSYCHOSOCIAL EVAL NON-MD |
| 400.052 | (400-52) COURT EVALUATION MD |
| 400.053 | (400-53) COURT EVALUATION NON-MD |
| 400.054 | (400-54) RE-EVALUATION MD |
| 400.057 | (400-57) RE-EVALUATION NON-MD |
| 400.060 | (400-60) PRESCHOOL FAMILY INTERVENTION |
| 400.061 | (400-61) SBBH (CLEMENTE) |
| 400.062 | (400-62) SBBH (DOUGLASS, F.) |
| 400.063 | (400-63) SBBH (HARDING) |
| 400.064 | (400-64) SBBH (JONES) |
| 400.065 | (400-65) SBBH (WEBSTER) |
| 400.066 | (400-66) SBBH (MITCHELL, S.W.) |
| 400.067 | (400-67) MOBILE THERAPY DEAF SERVICES |
| 400.068 | (400-68) TSS SCHOOL WITH AUTISM |
| 400.069 | (400-69) TSS NON-SCHOOL WITH AUTISM |
| 400.070 | (400-70) SBBH |
| 400.072 | (400-72) TESC |
| 400.075 | (400-75) CANS JJS |
| 400.076 | (400-76) SVC FOR DEAF CHILDREN BEHAVIOR SPECIALIST |
| 400.077 | (400-77) SVC FOR DEAF CHILDREN TSS SCHOOL |
| 400.078 | (400-78) SVC FOR DEAF CHILDREN TSS NON-SCHOOL |
| 400.079 | (400-79) SVC DEAF CHILD TSS AIDE SCHOOL |
| 400.080 | (400-80) SVC DEAF CHILD TSS AIDE NON-SCHOOL |

Community Behavioral Health

Level of Care: Outpatient, Mental Health

| Level of Care Code | Level of Care Label |
|---------------------------|--|
| 400.081 | (400-81) GROUP TSS - SPECIALIZED |
| 400.083 | (400-83) LEAD CLINICIAN |
| 400.084 | (400-84) SBBH - MOBILE THERAPY |
| 400.085 | (400-85) SBBH - GROUP MOBILE THERAPY |
| 400.086 | (400-86) NURTURE |
| 400.087 | (400-87) SBBH - SCHOOL BASED SERVICES ASSESSMENT |
| 400.088 | (400-88) SCHOOL THERAPEUTIC SERVICES |
| 400.089 | (400-89) BHRS - TRAUMA COUNSELING |
| 400.090 | (400-90) PSYCHOSEXUAL EVALUATION |
| 400.091 | (400-91) PCIT-LEAD CLINICIAN |
| 400.092 | (400-92) MULTI-SYSTEMIC THERAPY |
| 400.094 | (400-94) MOBILE THERAPY WITH AUTISM |
| 400.095 | (400-95) BSC WITH AUTISM |
| 400.096 | (400-96) ABA SERVICES |
| 400.097 | (400-97) AFTER SCHOOL TRAUMA TREATMENT PROGRAM |
| 400.098 | (400-98) AFTER SCHOOL WELLNESS PROGRAM |
| 400.099 | (400-99) FUNCTIONAL FAMILY THERAPY |
| 400.100 | (400-100) FFT ASSESSMENT |
| 400.101 | (400-101) DEAF CBE-PSYCHOLOGIST |
| 400.102 | (400-102) DEAF CBR-PSYCHOLOGIST |
| 400.103 | (400-103) BHRS School Therapeutic Services II |
| 400.104 | (400-104) FACT-MT |
| 400.126 | (400-126) BHRS Assessment |
| 400.127 | (400-127) BHRS Initial Treatment |
| 400.128 | (400-128) BHRS Assessment-Autism |
| 400.129 | (400-129) BHRS Initial Treatment-Autism |
| 400.130 | (400-130) BHRS Assessment-ABA |
| 400.131 | (400-131) BHRS Treatment-ABA |
| 400.132 | (400-132) STS Assessment |
| 400.133 | (400-133) STS Initial Treatment |
| 425.001 | (425-1) Level of Care Assessment Licensed Professional |
| 425.002 | (425-2) Psychological Evaluation |
| 425.003 | (425-3) Treatment Team Support Psychologist |
| 425.004 | (425-4) Assessment |
| 425.005 | (425-5) Initial Treatment |
| 425.006 | (425-6) Assessment-ABA |
| 425.007 | (425-7) Initial Treatment-ABA |
| 425.008 | (425-8) Behavior Consultation |
| 425.009 | (425-9) Behavior Consultation- Licensed |
| 425.010 | (425-10) Behavior Consultation- Specialized |
| 425.011 | (425-11) Mobile Therapist |
| 425.012 | (425-12) Mobile Therapist-Licensed |

Community Behavioral Health

Level of Care: Outpatient, Mental Health

| Level of Care Code | Level of Care Label |
|---------------------------|---|
| 425.013 | (425-13) Mobile Therapy-Specialized |
| 425.014 | (425-14) Mobile Therapy-Group (4 to 8 group members) |
| 425.015 | (425-15) Mobile Therapy-Group (9 to 12 group members) |
| 425.016 | (425-16) Mobile Therapy-Group (13 to 20 group members) |
| 425.017 | (425-17) Behavioral Health Technician |
| 425.018 | (425-18) Behavioral Health Technician-Specialized |
| 425.019 | (425-19) Behavioral Health Technician Group |
| 425.020 | (425-20) Functional Family Therapy |
| 425.021 | (425-21) Multi Systemic Therapy |
| 425.022 | (425-22) Multi Systemic Therapy-PSB |
| 425.023 | (425-23) CTSS |
| 425.024 | (425-24) Music Therapy |
| 425.025 | (425-25) Early Childhood Intensive Treatment |
| 425.026 | (425-26) Therapeutic Afterschool Program |
| 425.027 | (425-27) Summer Therapeutic Activities Program |
| 425.028 | (425-28) BCBA-ABA Services |
| 425.029 | (425-29) Behavior Consultation-ABA Services |
| 425.030 | (425-30) Assistant Behavior Consultation-ABA Services |
| 425.031 | (425-31) Behavioral Health Technician ABA Services |
| 425.032 | (425-32) Group Behavioral Health Treatment-BHT ABA Services |
| 425.033 | (425-33) Group Behavioral Health Treatment-BC-ABA Services |
| 425.034 | (425-34) Care Coordinator |
| 425.035 | (425-35) Family Peer Support |
| 425.049 | (425-49) IBHS ABA Services LOC Assessment by Licensed Prof. |
| 425.050 | (425-50) IBHS ABA Services Psychological Evaluation |
| 425.051 | (425-51) IBHS ABA Services Mobile Therapy |
| 425.052 | (425-52) IBHS ABA Services Mobile Therapy-Licensed |
| 700.003 | (700-3) DAY PROGRAM ITEMIZED |
| 700.004 | (700-4) DAY PROGRAM ITEMIZED |
| 700.007 | (700-7) CIRC-Psychiatric Rehab-Site Based |
| 700.009 | (700-9) CIRC-Psychiatric Rehab-Mobile |
| 700.011 | (700-11) WHOQOL-BREF Assessment |
| 700.024 | (700-24) CIRC-Common Ground-Medication Training |
| 700.025 | (700-25) CIRC-Individual Therapy PE |
| 700.026 | (700-26) CIRC-Group Therapy DBT |
| 700.027 | (700-27) CIRC-Individual Therapy DBT |
| 700.028 | (700-28) CIRC-Group Therapy-Family DBT Group |
| 700.029 | (700-29) CIRC-Group Therapy-Family Collateral DBT Group |
| 700.030 | (700-30) CIRC-Evaluation-CRNP |
| 700.031 | (700-31) CIRC-Medication Management CRNP |
| 800.003 | (800-3) NON FIDELITY ACT |

Community Behavioral Health

Level of Care: Outpatient, Mental Health

| Level of Care Code | Level of Care Label |
|---------------------------|--|
| 800.009 | (800-9) ICM:OFFICE/HOME/OTHER |
| 800.012 | (800-12) RES COOR:OFFICE/HOME/OTHER |
| 800.016 | (800-16) D&A Case Management |
| 800.018 | (800-18) COMMUNITY SUPPORT PSYCHIATRIC TARGET MH CASE MGMT-BLENDED CM |
| 800.019 | (800-19) ACT (ASSERTIVE COMMUNITY OUTREACH) |
| 800.022 | (800-22) Community Support Psychiatric- Assertive Community Trt CTT II |
| 800.024 | (800-024) BHID Non-Fidelity ACT |
| 800.026 | (800-026) Community Support Psychiatric – D&A Treatment Court Case Mgmt. |
| 800.033 | (800-33) Blended Case Management-SBPP |
| 800.036 | (800-36) D&A Case Management Non- Billable |
| 800.037 | (800-37) D&A Certified Recovery Specialist Non-Billable |

Reference Table 4: Levels of Care Indicating Methadone Maintenance. Individuals receiving these services are excluded from all continuity of care and early engagement/retention measures.

| Level of Care Code | Level of Care Label |
|---------------------------|--------------------------------------|
| 375.002 | (375-002) METHADONE MAINTENANCE |
| 375.002 | (375-2) METHADONE MAINTENANCE DAILY |
| 375.012 | (375-12) METHADONE TAKE HOME SERVICE |

Reference Table 5: Assessment/Evaluation LOCs

These services are *included* in MHOP01, but excluded from MHOP04a and MHOP05.

Outpatient providers who provide *only* these services are not evaluated for Pay-for-Performance.

| Level of Care Code | Level of Care Label |
|---------------------------|--|
| 100.031 | (100-31) NEUROBEHAVIORAL INTAKE AND ASSESSMENT |
| 300.001 | (300-1) EVALUATION MD |
| 300.002 | (300-2) EVALUATION NON-MD |
| 300.003 | (300-3) ASSESSMENT |
| 300.015 | (300-15) ASSESSMENT-OTHER |
| 300.026 | (300-26) CLOZARIL MONITOR & EVAL |
| 300.043 | (300-43) Initial IP Consult |
| 300.048 | (300-48) SPECIALIZED ASSESSMENT |
| 300.050 | (300-50) BIOPSYCHOSOCIAL EVAL MD |
| 300.051 | (300-51) BIOPSYCHOSOCIAL EVAL NON-MD |

Community Behavioral Health

Level of Care: Outpatient, Mental Health

| Level of Care Code | Level of Care Label |
|---------------------------|--|
| 300.053 | (300-53) COURT EVALUATION NON-MD |
| 300.054 | (300-54) RE-EVALUATION MD |
| 300.055 | (300-55) MEDICATION ADMIN AND EVAL (NON -PSYCHIATRIST) |
| 300.057 | (300-57) RE-EVALUATION NON-MD |
| 300.063 | (300-63) ASSESSMENT |
| 300.074 | (300-74) CRC EVALUATION |
| 300.13 | (300-130) IP FOLLOW-UP CONSULTATION,LOW |
| 300.131 | (300-131) IP FOLLOW-UP CONSULTATION, MODERATE |
| 300.132 | (300-132) IP FOLLOW-UP CONSULTATION,HIGH |
| 300.136 | (300-136) CRISIS INTERVENTION -HOTLINE SVC/TELEPHONE CRISIS |
| 300.137 | (300-137) INITIAL INPATIENT CONSULT, MINOR |
| 300.138 | (300-138) INITIAL INPATIENT CONSULT, PROBLEM LOW |
| 300.139 | (300-139) INITIALINPATIENT CONSULT, MODERATE |
| 300.140 | (300-140) INITIAL INPATIENTCONSULT, MODERATE TO HIGH |
| 300.144 | (300-144) BEHAVIORAL HEALTH FORENSIC EVALUATION-MDI-TIER I |
| 300.145 | (300-145) BEHAVIORAL HEALTH FORENSIC EVALUATION-MD-TIER II |
| 300.146 | (300-146) BEHAVIORAL HEALTH FORENSIC EVALUATION-MD-TIER III |
| 300.147 | (300-147) BEHAVIORAL HEALTH FORENSIC EVALUATION-MD-ADDENDUM |
| 300.148 | (300-148) BEHAVIORAL HEALTH FORENSIC EVAL-PSYCHOLOGIST TIER I |
| 300.149 | (300-149) BEHAVIORAL HEALTH FORENSIC EVAL-PSYCHOLOGIST-TIER II |
| 300.150 | (300-150) BEHAVIORAL HEALTH FORESNIC EVAL-PSYCHOLOGIST-TIER III |
| 300.151 | (300-151) BEHAVIORAL HEALTH FORENSIC EVAL-PSYCHOLOGIST ADDENDUM |
| 300.152 | (300-152) CRNP EVALUATION |
| 300.154 | (300-154) CRISIS INTERVENTION SVS-WALKIN CRISIS |
| 300.169 | (300-169) Autism Extended Assessment |
| 300.170 | (300-170) Initial Autism Assessment |
| 300.179 | (300-179) Office Consult New or Established PT-Problem Mod |
| 300.197 | (300-197) Biopsychosocial Evaluation Psychologist-Adults |
| 300.198 | (300-198) Biopsychosocial Re Evaluation Psychologist-Adults |
| 300.199 | (300-199) MAT-Physical Exam-Opioid Tx-Non Methadone |
| 300.201 | (300-201) MAT-Medication Admin and Eval Opioid Tx-Non Methadone |
| 300.206 | (300-206) Individual Therapy-ESFT |
| 300.207 | (300-207) Family Therapy-ESFT |
| 300.208 | (300-208) Family Collateral Therapy- ESFT |
| 300.211 | (300-211) Individual Therapy-CBT |
| 300.212 | (300-212) Group Therapy-CBT |
| 300.213 | (300-213) Family Therapy-CBT |
| 300.216 | (300-216) Neuropsychology Consult-First Hour |
| 300.217 | (300-217) Neuropsychology Consult- Additional Hours |
| 300.218 | (300-218) Neuropsychological Testing First Hour |
| 300.219 | (300-219) Neuropsychological Testing Additional Hours |
| 325.021 | (325-21) ACUTE PARTIAL 60-MINUTES |

Community Behavioral Health

Level of Care: Outpatient, Mental Health

Reference Table 6: Services Delivered by an MD or CRNP

| Level of Care Code | Level of Care Label |
|---------------------------|---|
| 300.001 | (300-1) EVALUATION MD |
| 300.042 | (300-42) COMP. CHILD EVAL MD |
| 300.050 | (300-50) BIOPSYCHOSOCIAL EVAL MD |
| 300.052 | (300-52) COURT EVALUATION MD |
| 300.054 | (300-54) RE-EVALUATION MD |
| 300.123 | (300-123) MEDICATION MANAGEMENT-CRNP |
| 300.124 | (300-124) INDIVIDUAL THERAPY W/MED MGMT-CRNP |
| 300.144 | (300-144) BEHAVIORAL HEALTH FORENSIC EVALUATION-MDI-TIER I |
| 300.145 | (300-145) BEHAVIORAL HEALTH FORENSIC EVALUATION-MD-TIER II |
| 300.146 | (300-146) BEHAVIORAL HEALTH FORENSIC EVALUATION-MD-TIER III |
| 300.147 | (300-147) BEHAVIORAL HEALTH FORENSIC EVALUATION-MD-ADDENDUM |
| 300.152 | (300-152) CRNP EVALUATION |

Reference Table 7: Higher Levels of Care

Discharges from these services are included in follow-up measures; Individuals who use these LOCs within 30 days of the episode start date are excluded from MHOP04a.

| Level of Care Code | Level of Care Label |
|---------------------------|---|
| 100.001 | (100-1) ACUTE HOSPITAL SERVICES |
| 100.002 | (100-2) SUBACUTE HOSPITAL SERVICES |
| 100.004 | (100-4) ACUTE 302 |
| 100.005 | (100-5) ACUTE HOSPITAL SERVICES (B) |
| 100.006 | (100-6) ACUTE HOSPITAL SERVICES (C) |
| 100.007 | (100-7) ACUTE SVCS-CHILD/ADOLESCENT |
| 100.008 | (100-8) SUBACUTE SVCS-CHILD/ADOLESCENT |
| 100.010 | (100-10) INPATIENT PSYCHIATRIC-2:1 STAFFING |
| 100.011 | (100-11) ACUTE MH/D&A CO-OCCURRING |
| 100.012 | (100-12) SUBACUTE MH/D&A CO-OCCURRING |
| 100.014 | (100-14) 302 -1:1 STAFFING |
| 100.022 | (100-22) ONE:ONE STAFFING |
| 100.028 | (100-28) 1-1 INPATIENT ADD-ON |
| 100.030 | (100-30) SPECIALIZED CHILDREN/ ADOLESCENT |
| 100.034 | (100-34) Acute Stabilization-Child/ Adolescent |
| 100.037 | (100-37) Inpatient Psychiatric-High Acuity |
| 100.038 | (100-38) Private Room Exception Specialized |
| 100.039 | (100-39) Acute Hospital Services- Pregnant Member |
| 140.001 | (140-1) EXTENDED ACUTE HOSPITAL BASED SERVICES |
| 140.002 | (140-2) EAC SPECIALIZED |

Community Behavioral Health

Level of Care: Outpatient, Mental Health

| | |
|---------|---|
| 200.001 | (200-1) DETOXIFICATION |
| 200.002 | (200-2) SHORT TERM REHAB |
| 200.003 | (200-3) OTHER CHEMOTHERAPY |
| 200.005 | (200-5) HALFWAY HOUSE |
| 200.007 | (200-7) LONG TERM REHAB |
| 200.008 | (200-8) SHORT-TERM SPECIALIZED |
| 200.009 | (200-9) SPECIALIZED REHAB |
| 200.010 | (200-10) CO-OCCURRING |
| 200.011 | (200-11) CO-OCCURRING, WOMEN'S PROGRAM |
| 200.012 | (200-12) HIV - TOGETHER HOUSE |
| 200.022 | (200-22) ONE:ONE STAFFING |
| 200.023 | (200-23) TRANSITIONAL REHAB |
| 300.154 | (300-154) CRISIS INTERVENTION SVS-WALKIN CRISIS |
| 500.002 | (500-2) R&B AND TREATMENT |
| 500.005 | (500-5) R&B & (SPECIALIZED) TREATMENT |
| 500.007 | (500-7) R&B &TREATMENT (ENHANCED RATE) |
| 500.008 | (500-8) RCTF LEVEL 2 |
| 500.022 | (500-22) ONE:ONE STAFFING |
| 550.001 | (550-1) TREATMENT ONLY |
| 550.002 | (550-2) R&B AND TREATMENT |
| 550.007 | (550-7) BIOPSYCHOSOCIAL R&B+TREATMENT |
| 550.012 | (550-12) FOSTER CARE R&B+TREATMENT LEVEL B |
| 550.022 | (550-22) ONE:ONE STAFFING |
| 550.025 | (550-25) RCTF LEVEL 2 TREATMENT ONLY |
| 550.026 | (550-26) RCTF LEVEL 3 TREATMENT ONLY |
| 550.027 | (550-27) RCTF LEVEL 2-SPECIALIZED - TREATMENT ONLY |
| 550.028 | (550-28) RTCF LEVEL 2 - SPECIALIZED - R&B AND TREATMENT |

Level of Care: Children’s Targeted Case Management

Children’s Blended Generic Targeted Case Management (TCM)

Levels of Care

| | |
|--------------------------------|---|
| Levels of Care included | Includes CBH Level of Care 800.009, 800.018 and 800.033 |
|--------------------------------|---|

Measurement Period

| | |
|-------------------------------|--|
| P4P Measurement Period | The Measurement Period is July 1, 2020 – June 30, 2021 |
|-------------------------------|--|

Episode

| | |
|-------------------|---|
| Definition | A new TCM episode is defined as one where the person has not had a TCM visit within that level of care and that provider for a 31-day period prior to that claim. |
|-------------------|---|

Definition of Age

| | |
|------------|--|
| Age | <p>In TCM a “child” can be up to 21 years of age, while within CBH “child” refers to individual’s younger than 18.</p> <ul style="list-style-type: none"> For providers with child-specific services, age was disregarded For providers of adult TCM or ACT services only, age was disregarded Otherwise persons are divided based on age following CBH’s definition. |
|------------|--|

Measures Included for Children’s Blended Generic Case Management

| Measure Label | Practice Guidelines Domain | Measure Description |
|---------------|---|---|
| TCM01 | Screening, Assessing, Service Planning and Delivery | Percent of Authorizations Having At Least One 31-Day Gap Between Services |
| TCM03 | Screening, Assessing, Service Planning and Delivery | Percent of Individuals Having At Least One Inpatient Admission |
| TCM04 | Screening, Assessing, Service Planning and Delivery | Percent of TCM-Authorized Individuals Having TCM Contact Within 2 Days of Inpatient Admission |
| TCM05 | Screening, Assessing, Service Planning and Delivery | Percent of TCM-Authorized Individuals Having TCM Contact Within 7 Days of Inpatient Discharge |

Level of Care: Children’s Targeted Case Management

TCM01: Percent of Authorizations Having At Least One 31-Day Gap Between Services

| | | |
|-------------------|--|--|
| Rationale | To measure the continuity of service provided to CBH-funded TCM members. Continuity of care is an important measure as we believe that the likelihood of recovery is improved when services are consistent and continuous. | |
| Definition | Percentage of CBH members with one or more 31-day gaps in service observed among all members receiving services from the reporting provider in the measurement period. | |
| | Eligible Population (Inclusion Criteria) | <ul style="list-style-type: none"> Philadelphia County HealthChoices (CBH) members who at any point during the measurement period had a TCM authorization. Member must have multiple claims spanning at least 31 days during the measurement period. |
| | Exclude | <ul style="list-style-type: none"> The time between the authorization open date and the date of the first claim and the time between the date of the last claim and the authorization close date. Therefore, if either of these time periods lasts 31 days, that period is not counted as a gap in service Members that have insurance coverage other than Philadelphia County HealthChoices Authorizations in which the member lost CBH eligibility for 15 days or more Any 31-day gaps in service that occur before the date the authorization was generated |
| | Count the event when | ...at any time during the measurement period after the authorization date, the member has had a period of 31 days since the last paid CBH claim on the authorization, unless that claim is the last claim billed to that authorization in the measurement period. |
| | If a client is authorized for TCM services with multiple providers or across multiple levels of care during the same time period | ...the member is considered to have multiple episodes with overlapping time periods. Therefore, a member may be included in the denominator of more than one provider. |
| | If there are multiple gaps during an authorization | ...a member is only counted in the numerator once, regardless of the number of 31-day gaps in service. |

Level of Care: Children’s Targeted Case Management

| | |
|--------------------|--|
| Denominator | Members Served: The total number of members with multiple CBH paid claims for a specific authorization with the given provider and level of care in the measurement period. These paid claims must span at least 31 days in the measurement period. |
| Numerator | Members with Observed Gaps in Service: Of the members served, the number of members for whom at least one 31-day gap in TCM service is observed for the provider in question. |

TCM01 THRESHOLDS

| Current Yr | Rate Range | Score |
|-------------|----------------|-------|
| Above | 20.0% | 0 |
| Between | 10.0% to 20.0% | 0.5 |
| At or Below | 10.0% | 1 |

Level of Care: Children’s Targeted Case Management

TCM03: Percent of Individuals Having At Least One Inpatient Admission

| | | |
|--------------------|---|--|
| Rationale | As it is expected that successful TCM engagement will in most cases foster connections to services that will over time, reduce the need for inpatient admissions. It is also expected that better engaged individuals will have lower hospital utilization rates. | |
| Definition | Percentage of TCM members who have one or more inpatient episodes during the measurement period while they are receiving CBH-funded TCM services. | |
| | Eligible Population (Inclusion Criteria) | <ul style="list-style-type: none"> Philadelphia County HealthChoices (CBH) members who at any point during the measurement period had a TCM authorization. Member must have a TCM treatment dosage of at least 90 days |
| | Exclude | <ul style="list-style-type: none"> Members that have insurance coverage other than Philadelphia County HealthChoices Members that do not have a TCM treatment dosage of at least 90 days Members that are authorized for TCM during the measurement period that were not admitted to Psychiatric Inpatient or Extended Acute Services |
| | When there is a gap in service | ...of 60 days without a CBH TCM claim for a given provider and level of care combination, a break in the episode is indicated. The episode end date is the last day the member received TCM services before this gap. |
| | If a client is authorized for TCM services with multiple providers or across multiple levels of care during the same time period | ...the member is considered to have multiple episodes with overlapping time periods. Therefore, a member may be included in the denominator of more than one provider or more than one level of care. |
| Denominator | Qualifying Members: During the measurement year, members that are authorized for TCM with at least a 90 Day TCM Treatment Dosage | |
| Numerator | Members Admitted to IP: Of the Qualifying Members, those that were admitted to a CBH-funded Psychiatric Inpatient facility during that episode. The admission can take place at any point during or after the 90-day required “dose” of TCM services. | |

Level of Care: Children’s Targeted Case Management

TCM03 THRESHOLDS

| Current Yr | Rate Range | Score |
|-------------|----------------|-------|
| Above | 15.0% | 0 |
| Between | 10.0% to 15.0% | 1 |
| At or Below | 10.0% | 2 |

TCM04: Percent of TCM Authorized Individuals Having a TCM Contact Within 2 Days of Inpatient Admission

| | | |
|--------------------|--|---|
| Rationale | To measure provider compliance with TCM standards and consistency with practice guidelines. Continuity of care is an important measure, as we believe that the likelihood of recovery is improved when services are consistent and continuous. | |
| Definition | Percentage of inpatient episodes for which a CBH TCM claim is made within two days following the date of admission to an Inpatient Psychiatric Facility. | |
| | Eligible Population (Inclusion Criteria) | <ul style="list-style-type: none"> Philadelphia County HealthChoices (CBH) members who at any point during the measurement period had a TCM authorization Must have at least one paid TCM claim associated with the authorization Member must have been admitted to a Psychiatric Inpatient Facility during the measurement year and during the TCM Authorization Member must be authorized for TCM services at the time of their Psychiatric Inpatient admission |
| | Exclude | <ul style="list-style-type: none"> Members that have insurance coverage other than Philadelphia County HealthChoices Member was not authorized for TCM services at the time of admission to the Psychiatric Inpatient Member’s Psychiatric Inpatient episode did not occur during the measurement year or during the members TCM authorization |
| | When there are multiple authorizations | ...include all CBH authorizations (TCM and Psychiatric Inpatient) for members who have more than one authorization in the measurement period. |
| Denominator | Qualifying Authorizations: During the measurement year, members that are authorized for TCM with at least one paid claim associated to their authorization and have been admitted to a Psychiatric Inpatient facility during the TCM authorization. | |

Level of Care: Children's Targeted Case Management

| | |
|------------------|--|
| Numerator | Episodes Receiving TCM Services Within Two Days of Admission: Of the Qualifying Authorizations, any inpatient episode for which the client has a TCM claim with the specified provider and level of care within two days of the inpatient admission date. |
|------------------|--|

TCM04 THRESHOLDS

| Current Yr | Rate Range | Score |
|-------------|----------------|-------|
| At or Above | 90.0% | 1 |
| Between | 80.0% to 90.0% | 0.5 |
| Below | 80.0% | 0 |

Level of Care: Children’s Targeted Case Management

TCM05: Percent of TCM Authorized Individuals Having a TCM Contact Within 7 Days of Inpatient Discharge

| | | |
|--------------------|--|---|
| Rationale | To measure provider compliance with TCM standards and consistency with practice guidelines. Continuity of care is an important measure as we believe that the likelihood of recovery is improved when services are consistent and continuous. | |
| Definition | Percentage of inpatient episodes for which a CBH TCM claim is made within seven days following the date of discharge from an Inpatient Psychiatric Facility. | |
| | Eligible Population (Inclusion Criteria) | <ul style="list-style-type: none"> Philadelphia County HealthChoices (CBH) members who at any point during the measurement period had a TCM authorization Must have at least one paid TCM claim associated with the authorization Member must have been admitted to a Psychiatric Inpatient Facility during the measurement year and during the TCM Authorization Member must be authorized for TCM services at the time of their Psychiatric Inpatient discharge |
| | Exclude | <ul style="list-style-type: none"> Members that have insurance coverage other than Philadelphia County HealthChoices Member was not authorized for TCM services at the time of discharge from the Psychiatric Inpatient Member’s Psychiatric Inpatient episode did not occur during the measurement year or during the members TCM authorization |
| | When there are multiple authorizations | ...include all CBH authorizations (TCM and Psychiatric Inpatient) for members who have more than one authorization in the measurement period. |
| Denominator | Qualifying authorizations: During the measurement year, members that are authorized for TCM with at least one paid claim associated to their authorization and have been discharged from a Psychiatric Inpatient facility that occurred during the TCM authorization. | |
| Numerator | Members Receiving TCM Services Within Seven Days of Discharge: Of the Qualifying Authorizations, any inpatient episode for which the client has a TCM claim with the specified provider and level of care within seven days of the inpatient discharge date. | |

TCM05 THRESHOLDS

| Current Yr | Rate Range | Score |
|-------------|----------------|-------|
| At or Above | 90.0% | 1 |
| Between | 80.0% to 90.0% | 0.5 |
| Below | 80.0% | 0 |