

**PAY-FOR-PERFORMANCE (P4P)**

**Operational Definitions**

Updated December 2024

**Community  
Behavioral  
Health**

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# 1. OVERVIEW

## 1.1. 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 (CBH) Pay-for-Performance (P4P) program for reporting year 2024. 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.

## 1.2. 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 for each measure. 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.

### *Thresholds*

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 distribution, 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  $\frac{1}{2}$  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  $\frac{1}{2}$  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  $\frac{1}{2}$  of the weighted standard deviation above and below the weighted mean.

*Weight*

Each measure is given a “weight,” meaning a certain number of points. Measures that are new or have significantly changed since the previous reporting year are not given points and are considered “contextual” (performance is considered baseline and provided for context). 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 contribute more weight to the provider’s total score. The weights are determined by DBH and CBH leadership and are based on CBH priorities and measures that are more within a provider’s control to impact. 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. For example:

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.

| Rate Range  | Rate    | Points |
|-------------|---------|--------|
| At or above | 84%     | 3      |
| Between     | 73%–84% | 1.5    |
| Below       | 73%     | 0      |

*Change Measure Calculations*

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.

Change measures receive the same weight (number of points) as the associated measure. Therefore, the total points possible for performance scores and improvement scores are the same. 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.

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. 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:

|                     |        | 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 |

A provider whose rate went from the yellow band last year to green band this year would receive:  $0.75 \times 3$  points = 2.25 points towards their total improvement score. A provider whose rate went from the red band last year to the green band this year would receive:  $1.00 \times 3$  points = 3 points towards their total improvement score.

### 1.2.1. Network Improvement & Accountability Collaborative (NIAC) Score

#### Definition

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.

#### NIAC Score Calculation

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.

NIC 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 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 LOCs)

Thresholds for NIAC scores are based on what NIAC considers “good,” “fair,” and “poor” performance, and are as follows:

| Range       | Rate    | Performance |
|-------------|---------|-------------|
| At or above | 65%     | Good        |
| Between     | 50%–65% | Fair        |
| Below       | 50%     | Poor        |

### *Weights*

NIAC scores are weighted equivalent to 1/10 (10%) of total available points for the assessed LOC.

## 1.2.2. Calculating Total Scores

### *Definition*

The Total Score, expressed as a percentage, is your agency's overall performance for that LOC and grouping. Consistent with assessing providers on performance separately from improvement, providers receive two total scores: one for performance on the measures in the current reporting period and a second for improvement on measures from the last to the current reporting period.

### *Total Score for Performance*

The Total Score for performance is calculated by dividing the total number of points a provider has achieved for that LOC by the total number of points available for that LOC, 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 LOC by the total number of points available for change measures in that LOC, multiplied by 100 and rounded to one decimal place.

## 1.2.3. Eligibility for a P4P Award

A provider must be **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 2024, if a level II QIP is issued in 2023 and resolved after review in 2023, it applies to 2023 and not to 2024. If the level II QIP is issued in 2023 and extended after review in 2024, it applies in 2023 and to 2024 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, and/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.**

## 2. ACUTE PSYCHIATRIC INPATIENT FOR CHILDREN AND ADULT EXTENDED ACUTE CARE

|   |   |
|---|---|
| <p><b>LOCs</b></p>                        | <ul style="list-style-type: none"> <li>➔ Children’s Acute Inpatient (IP): 100.001, 100.002, 100.004-100.008, 100.010-100.012, 100.032, 100.037</li> <li>➔ Extended Acute Care (EAC): 140.001-140.002, 140.022, 140.023</li> </ul>   |
| <p><b>P4P Measurement Period</b></p>      | <ul style="list-style-type: none"> <li>➔ Children’s Psychiatric Acute Inpatient (CIP): January 1, 2023 – December 31, 2023</li> <li>➔ Adult Extended Acute Care (EAC): January 1, 2023 – December 31, 2023</li> </ul>   |
| <p><b>Episodes</b></p>                    | <p>Children’s IP</p> <ul style="list-style-type: none"> <li>➔ An episode of Inpatient treatment begins on the service date of the first claim received for an Inpatient LOC 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.</li> <li>➔ 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.</li> <li>➔ Subsequent claims outside 1 day shall be counted as a readmission, and therefore the start of a new episode of treatment.</li> </ul> <p>EAC</p> <ul style="list-style-type: none"> <li>➔ An episode of EAC treatment begins on the service date of the first claim received for an EAC LOC 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.</li> <li>➔ 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.</li> <li>➔ Subsequent claims outside of 1 day shall be counted as a readmission, and therefore the start of a new episode of treatment.</li> </ul> |
| <p><b>Child vs. Adult Populations</b></p> | <p>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.</p>   |



*Measurements for All LOCs*

| Measurement Labels |       | Practice Guidelines Domain                   | Measurement Description                    |
|--------------------|-------|--|--|
| CIP                | EAC   |  |  |
| CIP01              |       | Continuing Support and Early Re-Intervention | 7-Day Follow-Up After Discharge Aggregate  |
| CIP02              | EAC01 | Continuing Support and Early Re-Intervention | 30-Day Follow-Up After Discharge Aggregate |
| CIP16              | EAC05 | Continuing Support and Early Re-Intervention | 30 Day Readmission Outcomes Aggregate      |

**2.1. CIP01: 7-Day Follow-Up After Discharge Aggregate**

|                   |   |   |
|-------------------|---|---|
| <b>Rationale</b>  | 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. |   |
| <b>Definition</b> | Percent of Inpatient discharges for which the member received at least one follow-up service within 7 days of discharge.  |   |
|                   | <i>Eligible Population (Inclusion Criteria)</i>   | <ul style="list-style-type: none"> <li>➔ Philadelphia County HealthChoices members who were discharged from a Psychiatric Inpatient program during the measurement year.</li> <li>➔ Member must be continually eligible for Philadelphia County HealthChoices for at least 30 days post Inpatient discharge.</li> <li>➔ Members must be at least 6 years of age.</li> </ul>   |
|                   | <i>Do Not Include</i>   | <ul style="list-style-type: none"> <li>➔ Members who have insurance coverage other than HealthChoices (i.e. Medicare or Commercial)</li> <li>➔ Members who do not maintain HealthChoices eligibility continuously for 30 days.</li> <li>➔ Members that have EAC claims within 1 day post Inpatient discharge.</li> <li>➔ If the member is transferred to another Psychiatric Inpatient or Extended Acute Care facility</li> <li>➔ Members that have another IP episode within 7 days of discharge.</li> <li>➔ If the IP discharge uses any of the discharge status codes listed in <a href="#">Reference Table</a></li> </ul> |
|                   | <i>If Member has Multiple IP</i>  | The member is considered to have multiple episodes; therefore, although a member may be included in the discharge count of more   |

|                    |  |   |
|--------------------|--|---|
|                    | <i>Discharges During Measurement Period</i>  | than one provider or of one provider multiple times, each discharge will be counted once. |
| <b>Denominator</b> | Qualifying Discharges:<br>Discharges of the Eligible Population listed above during the measurement period.  |   |
| <b>Numerator</b>   | Discharges with Follow-Up:<br>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. All behavioral health services that are a step-down from acute inpatient and extended acute care are considered a follow-up service. |   |

*Thresholds and Points*

| Current Year | Percentage | Points |
|--------------|------------|--------|
| At or above  | 63%        | 3      |
| Between      | 53.18%–63% | 1.5    |
| Below        | 53.18%     | 0      |

**2.2. CIP02/EAC01: 30-Day Follow-Up After Discharge Aggregate**

|                   |  |  |
|-------------------|--|--|
| <b>Rationale</b>  | 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. |  |
| <b>Definition</b> | <i>Eligible Population (Inclusion Criteria)</i>  | <ul style="list-style-type: none"> <li>➔ Philadelphia County HealthChoices members who were discharged from a Psychiatric Inpatient/EAC program during the measurement year</li> <li>➔ Member must be continually eligible for Philadelphia County HealthChoices for at least 30 days post Inpatient/EAC discharge.</li> <li>➔ Members must be at least 6 years of age.</li> </ul> |
|                   | <i>Do Not Include</i>  | <ul style="list-style-type: none"> <li>➔ Members who have insurance coverage other than HealthChoices (e.g., Medicare or commercial)</li> </ul>  |

|                    |  |
|--------------------|--|
|                    | <ul style="list-style-type: none"> <li>➔ Members who do not maintain HealthChoices eligibility continuously for 30 days</li> <li>➔ Members that have EAC claims within 1 day post Inpatient discharge</li> <li>➔ If the member is transferred to another Psychiatric Inpatient or Extended Acute Care facility</li> <li>➔ Members that have another IP episode within 7 days of discharge</li> <li>➔ If the IP discharge uses any of the discharge status codes listed in <a href="#">Reference Table</a></li> </ul> |
|                    | <p><i>If Member has Multiple IP Discharges During Measurement Period</i></p> <p>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.</p>  |
| <b>Denominator</b> | <p><b>Qualifying Discharges:</b><br/>Discharges of the Eligible Population listed above during the measurement period.</p>   |
| <b>Numerator</b>   | <p><b>Discharges with Follow-Up:</b><br/>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.</p>   |

*Thresholds and Points*

| CIP02        |            |        | EAC01        |            |        |
|--------------|------------|--------|--------------|------------|--------|
| Current Year | Percentage | Points | Current Year | Percentage | Points |
| At or above  | 75%        | 3      | At or above  | 92%        | 4      |
| Between      | 67.29%–75% | 1.5    | Between      | 82%–92%    | 2      |
| Below        | 67.29%     | 0      | Below        | 82%        | 0      |

**2.3. CIP16/EAC05: 30-Day Readmission Outcomes Aggregate**

|                  |  |
|------------------|--|
| <b>Rationale</b> | <p>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.</p> |
|------------------|--|

|                    |   |   |
|--------------------|---|---|
| <b>Definition</b>  | Percent of discharges from IP that are readmitted to Inpatient treatment within 30 days.  |   |
|                    | <i>Eligible Population (Inclusion Criteria)</i>   | <ul style="list-style-type: none"> <li>➔ Philadelphia County HealthChoices members who were discharged from a Psychiatric Inpatient/EAC program during the measurement year.</li> <li>➔ Member must be continually eligible for Philadelphia County HealthChoices for at least 30 days post Psychiatric Inpatient/EAC discharge.</li> </ul>       |
|                    | <i>Do Not Include</i>   | <ul style="list-style-type: none"> <li>➔ If the member is ineligible for HealthChoices at the time of discharge.</li> <li>➔ Members who have insurance coverage other than HealthChoices (i.e. Medicare or Commercial)</li> <li>➔ If the IP discharge uses any of the discharge status codes listed in <a href="#">Reference Table</a></li> </ul> |
|                    | <i>If Member has Multiple IP Discharges During Measurement Period</i>   | 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.   |
| <b>Denominator</b> | Qualifying Discharges:<br>Discharges from Acute Inpatient or EAC during the measurement period.   |   |
| <b>Numerator</b>   | Discharges with Readmission:<br>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. |   |

**Threshold and Points**

| CIP16        |               |        | EAC05        |             |        |
|--------------|---------------|--------|--------------|-------------|--------|
| Current Year | Percentage    | Points | Current Year | Percentage  | Points |
| Above        | 16.54%        | 0      | Above        | 43.5%       | 0      |
| Between      | 11.75%–16.54% | 1      | Between      | 38.7%–43.5% | 1.5    |
| Below        | 11.75%        | 2      | At or below  | 38.7%       | 3      |

## 2.4. Reference Tables

### 2.4.1. 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  |
| 30             | Still a patient  |
| 43             | Discharged/Transferred to a Federal Hospital   |
| 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                                |
| 30             | Still a patient  |
| 81             | Discharged to home or self-care with a planned acute care hospital readmission (eff. 10/2013)  |
| 82             | Discharged/transferred to a short-term general hospital for inpatient care with a planned acute care hospital inpatient readmission      |
| 83             | Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital readmission    |
| 84             | Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission |
| 85             | Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission     |

| Discharge Code | Discharge Status Label  |
|----------------|---|
| 86             | Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital readmission              |
| 87             | Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission  |
| 88             | Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission                                   |
| 89             | Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission                     |
| 90             | Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital                     |
| 91             | Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission              |
| 92             | Discharged/transferred to nursing facility certified under Medicaid but not certified under Medicare with a planned acute care hospital readmission |
| 93             | Discharged/transferred to a psychiatric hospital/distinct part unit of a hospital with a planned acute care hospital inpatient readmission          |
| 94             | Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission                                 |
| 95             | Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned inpatient readmission      |

### 3. ASAM 3.5: CLINICALLY MANAGED HIGH-INTENSITY RESIDENTIAL SERVICES

*FKA Non-Hospital Residential Rehabilitation (NHRR)*

|                               |  |
|-------------------------------|--|
| <b>LOCs</b>                   | 200.028 (200-28: ASAM 3.5, Clinically Managed High Intensity Residential Services) |
| <b>P4P Measurement Period</b> | January 1, 2023 – December 31, 2023  |

*Measurements for All LOCs*

| Measurement Labels | Practice Guidelines Domain                   | Measurement Description  |
|--------------------|--|--|
| NHRR01             | Continuing Support and Early Re-Intervention | Percent of Discharges Having Follow-Up within 7 Days   |
| NHRR03             | Continuing Support and Early Re-Intervention | Percent of Discharges Having Follow-Up within 30 Days  |
| NHRR04             | Continuing Support and Early Re-Intervention | Percent of Discharges Not Readmitted Within 90 Days  |
| NHRR05             | Continuing Support and Early Re-Intervention | Percent of Discharges Receiving Methadone or Buprenorphine within 7 Days or Vivitrol or Sublocade within 35 Days |

*Populations Included*

Former NHRR program categories for the 2024 reporting/2023 measurement years have been changed to align with ASAM standards:

| Old Category                             | ASAM Category                |
|--|------------------------------|
| Short Term                               | ASAM 3.5 General             |
| Long Term (includes adolescent programs) | ASAM 3.5 General             |
| Women with Children                      | ASAM 3.5 Women with Children |

*Note: Please note that Journey of Hope programs for Chronically Homeless members are assessed as their own P4P grouping.*

*NHRR00 Episode*

|                                  |   |  |
|----------------------------------|---|--|
| <b>Definition</b>                | Episodes are distinguished from one another either by a <i>discharge</i> or a <i>gap</i> . Depending on the category gaps vary in length and for different reasons.   |  |
|                                  | <i>Discharge</i>  | If the episode is defined by discharge, the episode is considered ended at the treatment end date provided to the CBH Care Manager at the time of discharge review. Discharge of episodes generally applies only to authorized LOCs.   |
|                                  | <i>Gap</i>  | <ul style="list-style-type: none"> <li>➤ If the episode is defined by gap, the episode is considered ended on the specified service date of the final claim for that LOC and provider if that claim is followed by a specified number of days where the member remains eligible for Health Choices (or BHSI or OMH funding, as defined in the operational definitions for the specific LOC) but does not receive services in that LOC or with that provider.</li> <li>➤ The gap in care for ASAM 3.5 is a 1-day gap.</li> <li>➤ A member shall be considered transferred if the service date on the final claim with a provider is within one (1) day of a claim in the same LOC but with a different provider.</li> </ul> |
| <b>Mean Length of Stay (LOS)</b> | The mean LOS expresses the average length of episodes of care provided by the reporting provider. This shall usually be defined either by number of contacts (with each claim counted as a contact for that LOC), or by the number of days elapsed from the first claim to the final claim. |  |

**3.1. NHRR01: Percent of Discharges Having Follow-Up within 7 Days / NHRR03: Percent of Discharges Having Follow-Up within 30 Days**

|                   |   |   |
|-------------------|---|---|
| <b>Rationale</b>  | We include a measurement of follow-up rate as an assessment of how care is continued in a timely fashion after discharge from a drug & alcohol residential rehabilitation facility since continuing support and early re-intervention are essential to sustaining wellness and enhancing long term recovery and are important components of the DBHIDS Practice Guidelines. |   |
| <b>Definition</b> | Percent of discharges from Non-Hospital Residential Rehabilitation with a follow-up service within 7 and 30 days of the discharge.  |   |
|                   | <i>Eligible Population (Inclusion Criteria)</i>   | <ul style="list-style-type: none"> <li>➤ Philadelphia County HealthChoices (CBH) funded members that were discharged from a Non-Hospital Residential Rehabilitation center during the measurement year.</li> <li>➤ Philadelphia County HealthChoices (CBH) members that do not have commercial or other insurance coverage (i.e. Medicare)</li> </ul> |



|                    |  |  |
|--------------------|--|--|
|                    |  | <ul style="list-style-type: none"> <li>➔ Member must be continuously eligible for Philadelphia County HealthChoices funding for at least 30 days following their discharge from Non-Hospital Residential Rehabilitation.</li> <li>➔ Members must be older than 6 years of age but younger than 64 years of age</li> </ul>  |
|                    | <i>Do Not Include</i>  | <ul style="list-style-type: none"> <li>➔ Members who have insurance coverage other than HealthChoices</li> <li>➔ Members who do not maintain CBH HealthChoices eligibility continuously for 30 days</li> <li>➔ If the member is transferred to another Residential Rehabilitation Center, Psychiatric Inpatient, Extended Acute Care or Detoxification Center</li> <li>➔ If the member has a Discharge Status Code of 20 (deceased)</li> </ul> |
|                    | <i>If Member has Multiple IP Discharges During Measurement Period</i>  | 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 during the reporting year, each discharge will be counted once.  |
| <b>Denominator</b> | <b>Qualifying Discharges:</b><br>The discharges of the Eligible Population listed above during the measurement period.   |  |
| <b>Numerator</b>   | <b>Discharges with Follow-Up:</b><br>Of the Eligible Population, those discharges for which CBH received a claim for a follow-up service within 7 and 30 days from the date of discharge from a ASAM 3.5 program (General or Women with Children). |  |

*Thresholds and Points*

| NHHRO1   ASAM 3.5, General |             |        | NHHRO1   ASAM 3.5, Women w/Children |             |        |
|----------------------------|-------------|--------|-------------------------------------|-------------|--------|
| Current Year               | Percentage  | Points | Current Year                        | Percentage  | Points |
| At or Above                | 53.1%       | 4      | At or Above                         | 88.5%       | 4      |
| Between                    | 40.9%–53.1% | 2      | Between                             | 75.4%–88.5% | 2      |
| Below                      | 40.9%       | 0      | Below                               | 75.4%       | 0      |

| NHHRO3   ASAM 3.5, General |             |        | NHHRO3   ASAM 3.5, Women w/Children |             |        |
|----------------------------|-------------|--------|-------------------------------------|-------------|--------|
| Current Year               | Percentage  | Points | Current Year                        | Percentage  | Points |
| At or Above                | 68.8%       | 2      | At or Above                         | 92.9%       | 2      |
| Between                    | 58.6%–68.8% | 1      | Between                             | 82.8%–92.9% | 1      |
| Below                      | 58.6%       | 0      | Below                               | 92.9%       | 2      |

### 3.2. NHHRO4: Percent of Discharges Not Readmitted within 90 Days

|                   |   |
|-------------------|---|
| <b>Rationale</b>  | Recovery initiation (not returning to the same or higher LOC within a critical window following discharge from a Residential Rehabilitation program) is an indicator of sustained wellness post-discharge and is associated with long-term recovery.  |
| <b>Definition</b> | Percent of discharges for which the member has not readmitted to Non-Hospital Residential Rehabilitation or an equal LOC (e.g., Psychiatric Inpatient, Extended Acute Care or Detoxification) within 90 days from initial discharge date  |
|                   | <p><i>Eligible Population (Inclusion Criteria)</i></p> <ul style="list-style-type: none"> <li>➔ Philadelphia County HealthChoices (CBH) funded members that were admitted into a Non-Hospital Residential Rehabilitation center during the measurement year</li> <li>➔ CBH-funded members that do not have commercial or other insurance coverage (e.g., Medicare)</li> <li>➔ Member must be continuously eligible for Philadelphia County HealthChoices funding for at least 90 days following their discharge from Non-Hospital Residential Rehabilitation.</li> <li>➔ Members must be older than 6 years of age but younger than 64 years of age.</li> </ul> |
|                   | <p><i>Do Not Include</i></p> <ul style="list-style-type: none"> <li>➔ Members who have insurance coverage other than HealthChoices</li> <li>➔ If the member is transferred to another Residential Rehabilitation Center, Psychiatric Inpatient, Extended Acute Care or Detoxification Center</li> <li>➔ If the member has a Discharge Status Code of 20 (deceased)</li> </ul>   |
|                   | <p><i>If Member has Multiple IP Discharges During Measurement Period</i></p> <p>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 during the reporting year, each discharge will be counted once.</p>   |

|                    |   |
|--------------------|---|
| <b>Denominator</b> | Qualifying Discharges:<br>Discharges of the Eligible Population listed above during the measurement period.   |
| <b>Numerator</b>   | Discharges not Readmitted within 90 Days:<br>Those discharges for which CBH did not receive a claim for ASAM 3.5, Residential Independent Non-Hospital Treatment, or Psychiatric Inpatient (including Extended Acute Care) or Detoxification/Withdrawal Management LOCs within 90 days from the date of discharge of their initial Non-Hospital Residential Rehabilitation treatment. |

*Thresholds and Points*

| NHHRo4   ASAM 3.5, General |             |        | NHHRo4   ASAM 3.5, Women w/Children |             |        |
|----------------------------|-------------|--------|-------------------------------------|-------------|--------|
| Current Year               | Percentage  | Points | Current Year                        | Percentage  | Points |
| At or Above                | 60.9%       | 3      | At or Above                         | 46.7%       | 3      |
| Between                    | 55.5%–60.9% | 1.5    | Between                             | 26.2%–46.7% | 1.5    |
| Below                      | 55.5%       | 0      | Below                               | 26.2%       | 0      |

**3.3. NHHRo5: Percent of Discharges Receiving Methadone or Buprenorphine within 7 Days or Vivitrol or Sublocade within 35 Days**

|                   |  |   |
|-------------------|--|---|
| <b>Rationale</b>  | Compared to non-pharmacological therapies, people receiving medications for opioid use disorder OUD (MOUD), which are evidence-based pharmacological treatments for OUD, remain in treatment longer, have reduced illicit opioid use or prescription opioid misuse, and are at lower risk of opioid-related harms, including overdose and death. Therefore, we measure the extent to which members being discharged from ASAM Residential are receiving MOUD soon after discharge as a proxy indicator of MOUD induction during residential treatment. |   |
| <b>Definition</b> | Percent of discharges with a Methadone or Buprenorphine claim within 7 days, or a Vivitrol or Sublocade claim within 35 days   |   |
|                   | <i>Eligible Population (Inclusion Criteria)</i>  | <ul style="list-style-type: none"> <li>➔ Philadelphia County HealthChoices (CBH) funded members that were discharged from a Non-Hospital Residential Rehabilitation center during the measurement year</li> <li>➔ CBH-funded members that do not have commercial or other insurance coverage (e.g., Medicare)</li> <li>➔ Member must be continuously eligible for Philadelphia County HealthChoices funding for at least 90 days following their discharge from Non-Hospital Residential Rehabilitation.</li> </ul> |

|                    |   |  |
|--------------------|---|--|
|                    |   | <ul style="list-style-type: none"> <li>Members must be at least 6 years of age and younger than 65 years of age.</li> </ul>  |
|                    | <i>Do Not Include</i>   | <ul style="list-style-type: none"> <li>Members who have insurance coverage other than HealthChoices</li> <li>If the member is transferred to another Residential Rehabilitation Center, Psychiatric Inpatient, Extended Acute Care or Detoxification Center</li> <li>If the member has a Discharge Status Code of 20 (deceased)</li> </ul> |
|                    | <i>If Member has Multiple IP Discharges During Measurement Period</i>   | 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 during the reporting year, each discharge will be counted once.  |
| <b>Denominator</b> | <p><b>Qualifying Discharges:</b><br/>Of the eligible population listed above, discharges during the measurement period with a primary or non-primary OUD diagnosis:</p> <ul style="list-style-type: none"> <li>F11.1XX (excluding F11.11, in remission) – Opioid Abuse</li> <li>F11.2XX (excluding F11.21, in remission) – Opioid Dependence</li> </ul> |  |
| <b>Numerator</b>   | <p><b>Discharges receiving MOUD:</b><br/>Of the qualifying discharges, those that meet one of the following conditions: Methadone claim within 7 days, or Buprenorphine claim within 7 days, or Vivitrol claim within 35 days, or Sublocade claim within 35 days.</p>   |  |

*Thresholds and Points*

| NHHR05   ASAM 3.5, General |             |        | NHHR05   ASAM 3.5, Women w/Children |             |        |
|----------------------------|-------------|--------|-------------------------------------|-------------|--------|
| Current Year               | Percentage  | Points | Current Year                        | Percentage  | Points |
| At or Above                | 55.0%       | 2      | At or Above                         | 82.7%       | 2      |
| Between                    | 43.3%–55.0% | 1      | Between                             | 54.8%–82.7% | 1      |
| Below                      | 43.3%       | 0      | Below                               | 54.8%       | 0      |

## 4. JOURNEY OF HOPE (JOH)

|  |   |
|--|---|
| <b>LOCs</b>                                  | 200.009, 200.028                              |
| <b>P4P Measurement Period for Discharges</b> | January 1, 2023 – December 31, 2023 (CY 2023) |

### *JOH00: Episode*

|                   |   |   |
|-------------------|---|---|
| <b>Rationale</b>  | Episodes are created in order to enumerate the lengths of stay, courses of treatment and readmissions received by a member in a LOC, provided by a single grouped provider.   |   |
| <b>Definition</b> | An episode is a length of time spent receiving services in a LOC, distinct from other lengths of stay or courses of treatment. Episodes are distinguished from one another by a discharge.  |   |
|                   | <i>Discharge</i>  | 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.  |
|                   | <i>Multiple Episodes</i>  | For some LOCs, members may have multiple episodes during 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. |
| <b>Mean LOS</b>   | The average LOS 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. |   |

### *Measures Included*

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

| Measurement Labels | Practice Guidelines Domain                 | Measurement Description   |
|--------------------|--|---|
| JoH06b-Stable      | Continuing Support & Early Re-Intervention | 14-Day Follow-Up Rate, Excluding Discharge Dispositions to Jail or Higher Acuity LOCs |

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

|                    |   |
|--------------------|---|
| <b>Rationale</b>   | Recovery initiation (not returning to the same or higher LOC 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.  |
| <b>Definition</b>  | Percent of discharges for which the member is not readmitted to the same or higher LOC (e.g., Inpatient, EAC, Detox or Rehab/ASAM) within 90 days of discharge  |
|                    | <i>Eligible Population (Inclusion Criteria)</i><br>Individuals who were discharged from Journey of Hope within the measurement period.  |
|                    | <i>Do Not Include</i><br>Excluded discharges are those transferred to other LOCs/treatment (e.g., Inpatient, Detox, Rehab, or Medical/Nursing Care) or who went directly to jail.   |
|                    | <i>If Member has Multiple JoH Discharges During Measurement Period</i><br>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.   |
|                    | <i>Measurement Note</i><br>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.   |
| <b>Denominator</b> | <b>Qualifying Discharges:</b><br>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. |
| <b>Numerator</b>   | <b>Discharges:</b><br>Those JoH discharges for which CBH/BHSI did not receive a claim for the same or higher LOC within 90 days from date of discharge.   |

*Threshold and Points*

| Current Year | Percentage   | Points |
|--------------|--------------|--------|
| At or above  | 90.0%        | 2      |
| Between      | 80.1%–89.99% | 1      |
| Below        | 80.0%        | 0      |

**4.2. JoHO3a (Stable Discharges): Percent Having LOS Greater than or Equal to Three (3) Months; Excluding Discharge Dispositions to Jail or Higher Acuity LOCs**

|                    |   |   |
|--------------------|---|---|
| <b>Rationale</b>   | 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 (e.g., issuance of a form of identification, housing, etc.) related to homelessness. Hence a stay greater than or equal to three months is expected to be a minimally sufficient time to address living situation issues as well as for individuals to be engaged in their SUD treatment. |   |
| <b>Definition</b>  | Percent of Journey of Hope members who were discharged from the JoH program greater than or equal to three months of admittance.  |   |
|                    | <i>Eligible Population (Inclusion Criteria)</i>   | Individuals who were discharged from Journey of Hope within the measurement period.   |
|                    | <i>Do Not Include</i>   | Excluded discharges are those transferred to other LOCs/treatment (e.g., Inpatient, Detox, Rehab, or Medical/Nursing Care) or who went directly to jail.  |
|                    | <i>If Member has Multiple JoH Discharges During Measurement Period</i>  | 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. |
|                    | <i>Measurement Note</i>   | 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.  |
| <b>Denominator</b> | <b>Qualifying Discharges:</b><br>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. |
| <b>Numerator</b> | Discharges:<br>Percent of Journey of Hope individuals who were discharged greater than or equal to three months from admission to a JoH program.   |

*Thresholds and Points*

| Current Year | Percentage    | Points |
|--------------|---------------|--------|
| At or above  | 86.4%         | 2      |
| Between      | 68.81%–86.39% | 1      |
| Below        | 66.8%         | 0      |

**4.3. JoH14 (Stable Discharges): 7-Day Follow-Up Rate, Excluding Discharge Dispositions to Jail or Higher Acuity LOCs**

|                   |   |   |
|-------------------|---|---|
| <b>Rationale</b>  | 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 Practice Guidelines. |   |
| <b>Definition</b> | Percent of JoH discharges for which the member received at least one follow-up LOC within seven days of discharge.  |   |
|                   | <i>Eligible Population (Inclusion Criteria)</i>   | Individuals who were discharged from Journey of Hope within the measurement period.   |
|                   | <i>Do Not Include</i>   | Excluded discharges are those transferred to other LOCs/treatment (e.g., Inpatient, Detox, Rehab, or Medical/Nursing Care) or who went directly to jail.  |
|                   | <i>If Member has Multiple JoH Discharges During Measurement Period</i>  | 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. |



|                    |                         |   |
|--------------------|-------------------------|---|
|                    | <i>Measurement Note</i> | 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.   |
| <b>Denominator</b> |                         | <p><b>Qualifying Discharges:</b><br/>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.</p> |
| <b>Numerator</b>   |                         | <p><b>Discharges with Follow-Up:</b><br/>Those qualifying discharges for which CBH/BHSI received a claim for a follow-up LOC within seven days from the member's date of discharge from Journey of Hope.</p>  |

*Thresholds and Points*

| Current Year | Percentage   | Points |
|--------------|--------------|--------|
| At or above  | 91.3%        | 2      |
| Between      | 81.2%–91.29% | 1      |
| Below        | 81.1%        | 0      |

**4.4. JoHo6b (Stable Discharges): 14-Day Follow-Up Rate, Excluding Discharge Dispositions to Jail or Higher Acuity LOCs**

|                   |   |  |
|-------------------|---|--|
| <b>Rationale</b>  | 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 Practice Guidelines. |  |
| <b>Definition</b> |   | Percent of JoH discharges for which the member received at least one follow-up LOC within 14 days of discharge.  |
|                   | <i>Eligible Population (Inclusion Criteria)</i>   | Individuals who were discharged from Journey of Hope within the measurement period.  |
|                   | <i>Do Not Include</i>   | Excluded discharges are those transferred to other LOCs/treatment (e.g., Inpatient, Detox, Rehab, or Medical/Nursing Care) or who went directly to jail. |

|                    |   |   |
|--------------------|---|---|
|                    | <i>If Member has Multiple IP Discharges During Measurement Period</i>   | 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. |
|                    | <i>Measurement Note</i>   | 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.   |
| <b>Denominator</b> | <b>Qualifying Discharges:</b><br>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. |   |
| <b>Numerator</b>   | <b>Discharges with Follow-Up:</b><br>Those qualifying discharges for which CBH/BHSI received a claim for a follow-up LOC within 14 days from the member's date of discharge from Journey of Hope.   |   |

*Thresholds and Points*

| Current Year | Percentage   | Points |
|--------------|--------------|--------|
| At or above  | 90.0%        | 2      |
| Between      | 80.1%–89.99% | 1      |
| Below        | 80.0%        | 0      |

**4.5. Discharges**

**4.5.1. All Discharges**

*JoH01b (Recovery Initiation); JoH02a (LOS); JoH13 (7-Day Follow-Up); JoH05b (14-Day Follow-Up); JoH08b (30-Day Follow-Up)*

| All Discharges   | Exclusion Criteria  |
|--|---|
| <ul style="list-style-type: none"> <li>➔ Halfway House</li> <li>➔ Living Alone/Independent</li> <li>➔ MH Res. Program</li> </ul> | <ul style="list-style-type: none"> <li>➔ Correctional Instit.</li> <li>➔ Comm. Inpatient</li> <li>➔ SUD Res. Program</li> </ul> |

| All Discharges  | Exclusion Criteria   |
|---|--|
| <ul style="list-style-type: none"> <li>➔ Recovery House</li> <li>➔ With Parent/Guardian</li> <li>➔ With Other Friends/Family</li> <li>➔ With Spouse/Sig.Other</li> <li>➔ Permanent Supportive Housing</li> <li>➔ Safe Haven</li> <li>➔ Shelter</li> <li>➔ Whereabouts Unknown</li> <li>➔ AWOL/AMA</li> <li>➔ Street</li> <li>➔ Dual Diagnosis Res.</li> </ul> | <ul style="list-style-type: none"> <li>➔ SUD Treatment/Detox.</li> <li>➔ Medical/Nursing Care</li> <li>➔ Consumer Died</li> <li>➔ Went To Boarding Home</li> <li>➔ Nursing Home</li> </ul> |

**4.5.2. Stable Discharges**

*JoH11 (Recovery Initiation); JoH03a (LOS); JoH14 (7-Day Follow-Up); JoH05b (14 Day Follow-Up); JoH08b (30 Day Follow-Up)*

| Stable Discharges   | Exclusion Criteria   |
|---|--|
| <ul style="list-style-type: none"> <li>➔ Halfway House</li> <li>➔ Living Alone/Independent</li> <li>➔ MH Res. Program</li> <li>➔ Recovery House</li> <li>➔ With Parent/Guardian</li> <li>➔ With Other Friends/Family</li> <li>➔ With Spouse/Sig.Other</li> <li>➔ Permanent Supportive Housing</li> <li>➔ Dual Diagnosis Res.</li> </ul> | <ul style="list-style-type: none"> <li>➔ Correctional Instit.</li> <li>➔ Comm.Inpatient</li> <li>➔ SUD Res. Program</li> <li>➔ SUD Treatment/Detox.</li> <li>➔ Medical/Nursing Care</li> <li>➔ Went To Boarding Home</li> <li>➔ Nursing Home</li> <li>➔ AWOL/AMA</li> <li>➔ Safe Haven</li> <li>➔ Shelter</li> <li>➔ Whereabouts Unknown</li> <li>➔ Street</li> <li>➔ Consumer Died</li> </ul> |

**4.5.3. Vulnerable Discharges**

*JoH12, (Recovery Initiation); JoH04a (LOS); JoH15 (7-Day Follow-Up); JoH06b (14-Day Follow-Up); JoH010b (30-Day Follow-Up)*

| Vulnerable Discharges  | Exclusion Criteria   |
|--|--|
| <ul style="list-style-type: none"> <li>➔ Safe Haven</li> <li>➔ Shelter</li> <li>➔ Whereabouts Unknown</li> <li>➔ AWOL/AMA</li> <li>➔ Street</li> </ul> | <ul style="list-style-type: none"> <li>➔ Correctional Instit.</li> <li>➔ Comm. Inpatient</li> <li>➔ SUD Res. Program</li> <li>➔ SUD Treatment/Detox.</li> <li>➔ Medical/Nursing Care</li> <li>➔ Went To Boarding Home</li> <li>➔ Nursing Home</li> <li>➔ Halfway House</li> <li>➔ Living Alone/Independent</li> <li>➔ MH Res. Program</li> <li>➔ Recovery House</li> <li>➔ With Parent/Guardian</li> <li>➔ With Other Friends/Family</li> <li>➔ With Spouse/Sig.Other</li> <li>➔ Permanent Supportive Housing</li> <li>➔ Consumer Died</li> <li>➔ Dual Diagnosis Res.</li> </ul> |

## 5. MENTAL HEALTH OUTPATIENT (MHOP)

|  |   |
|--|---|
| <b>LOCs</b>                                  | LOCs as listed in Reference Table <a href="#">5.5.1</a> and Table <a href="#">5.5.4</a> .   |
| <b>P4P Measurement Period for Discharges</b> | January 1, 2023 – December 31, 2023   |
| <b>Child vs. Adult Populations</b>           | <p><b>Rationale:</b><br/>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. This distinction is made at the member level, not the provider level, so if a provider served both children with and without an ASD diagnosis during the measurement period, the data for those children will appear in the respective performance reports, according to their diagnoses.</p> <p><b>Definition:</b><br/>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 ASD appears in the Child ASD report.</p> |

### *MHOP00: Episode – Therapeutic vs. MHOP*

|                   |  |
|-------------------|--|
| <b>Rationale</b>  | Episodes are created to enumerate the lengths of stay, courses of treatment and readmissions received by a member in a LOC, provided by a single grouped provider.   |
| <b>Definition</b> | An episode is a length of time spent receiving services in a LOC, distinct from other lengths of stay or courses of treatment.   |
|                   | <p><i>MHOP and Therapeutic Episodes</i></p> <ul style="list-style-type: none"> <li>➤ Certain measures distinguish between MHOP and therapeutic services. A therapeutic service is defined as all LOC codes included in <a href="#">Table 5.5.1</a>; an assessment service is defined as all LOC codes included in <a href="#">Table 5.5.3</a>.</li> <li>➤ For MHOP01, a treatment episode begins on the date of the first assessment service, as defined in <a href="#">Table 5.5.3</a>.</li> <li>➤ For MHOP04a and MHOP05, the therapeutic episode begins on the date of the first therapeutic service, as defined in <a href="#">Table 5.5.1</a>.</li> </ul> |
|                   | <p><i>Episode End</i></p> <p>The episode is considered ended when there is a gap of 120 days or more between services in this LOC.</p>   |
|                   | <p><i>Multiple Episodes</i></p> <p>For some LOCs, 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</p>  |

|                 |   |
|-----------------|---|
|                 | clients, in which case each member shall be counted once regardless of the number of episodes that member has.  |
| <b>Mean LOS</b> | The average LOS 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. |

*Measures Included*

| Adults  | Children Non-ASD | Children w/ASD               | Measurement Description  |
|---------|------------------|------------------------------|--|
| MHOP01  | MHOP01           | Not assessed on this measure | Percent not readmitted to acute LOCs within 90 days of discharge (recovery initiation), excluding discharge dispositions to jail or higher acuity LOCs |
| MHOP04a | MHOP04a          | MHOP04a                      | Percent having LOS greater than or equal to three months, excluding discharge dispositions to jail or higher acuity LOCs                               |
| MHOP05  | MHOP05           | MHOP05                       | 7-day follow-up rate, excluding discharge dispositions to jail or higher acuity LOCs   |

Bonus (not a scored measure) for all groupings:

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

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

|                   |  |
|-------------------|--|
| <b>Rationale</b>  | 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 LOC (e.g. Inpatient, Acute Partial, Residential Rehabilitation, etc.).  |
| <b>Definition</b> | The percentage of outpatient mental health services, as defined in Reference Tables <a href="#">5.5.1</a> and <a href="#">5.5.5</a> , that occur within 30 days of discharge from a higher LOC, as defined in Reference Table <a href="#">5.5.7</a> . RTF services apply to children only.   |
|                   | <p><i>Eligible Population (Inclusion Criteria)</i></p> <ul style="list-style-type: none"> <li>➔ 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</li> <li>➔ Member must be continuously eligible for HealthChoices for at least 30 days post discharge from their higher LOC.</li> <li>➔ Members must have at least one paid claim for a MHOP service preceded by a discharge from a higher LOC within 90 days, as defined in Reference Table 5.5.7.</li> </ul> |

|  |  |  |
|--|--|--|
|  |  | <ul style="list-style-type: none"> <li>➔ The MHOP service must occur within the measurement year</li> <li>➔ The MHOP service must be the first service received following the discharge from a higher LOC</li> <li>➔ The Higher LOC discharge was no more than 90 days prior to the first MHOP service</li> <li>➔ The higher LOC discharges may fall within the last 90 days of the previous calendar year.</li> </ul>   |
|  | <p><i>Do Not Include</i></p>   | <ul style="list-style-type: none"> <li>➔ This measure is not used for children who have a diagnosis of ASD.</li> <li>➔ Members who have insurance coverage other than HealthChoices.</li> <li>➔ Members who lose HealthChoices eligibility for 15 days or more during the 30 days following discharge from the higher LOC.</li> <li>➔ Any qualifying outpatient service that is not the first in sequence following a higher-level-of-care discharge.</li> <li>➔ Individuals discharged from certain higher LOC services (as defined in Reference Table <a href="#">5.5.2</a>).</li> <li>➔ MHOP services received concurrent with ASAM OP, IOP, CIRC, IBHS, FBS, Acute Partial, or ACT services (Reference Table <a href="#">5.5.3</a>).</li> <li>➔ Providers that perform assessments only, as individuals assessed by those providers necessarily receive additional services from other providers and not by the assessing provider (the outpatient portion of each episode ends when the individual begins service with a different provider).</li> </ul>  |
|  | <p><i>If Member has Multiple IP Discharges During Measurement Period</i></p> | <p>The individual may have multiple episodes with the same provider (a gap of 120 days or more between services) or with multiple providers within the reporting calendar year. The member may be counted multiple times in the measure if that individual is determined to have multiple new episodes within the measurement year.</p>  |
| <p><b>Linking Outpatient Services to Discharges from Higher LOCs</b></p> |  | <p>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 LOC discharge. Some discharges from higher LOCs 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 LOC discharge.</p> <p>For example, a member has an outpatient service on January 20, 2023, which was preceded by a higher LOC discharge on December 5, 2022 (previous calendar year). However, the member also received an outpatient service on December 22, 2022 (previous calendar year as well). In this scenario, the outpatient service on January 20th will be excluded from the denominator because it is not directly preceded by a higher LOC discharge. Although it represents the member's first outpatient service within the reporting calendar year, it is not the first outpatient service in the outpatient episode.</p> <p>In contrast, a member has an outpatient service on January 20, 2023. They were discharged from a higher LOC on December 5, 2022, and did not receive any outpatient services in between the inpatient discharge and the outpatient service. In this second scenario, the outpatient service occurs within the reporting calendar year and represents the first qualifying outpatient service in the episode, so it will be kept in the denominator.</p> |

|                    |  |
|--------------------|--|
| <b>Denominator</b> | Qualifying outpatient services:<br>From the Eligible Population, number of qualifying MHOP services that are directly preceded by a discharge from a higher LOC (as defined above) within 90 days. |
| <b>Numerator</b>   | 30-day Outpatient Follow-up:<br>From the qualifying outpatient services, number of outpatient services occurring within 30 days of a qualifying discharge from a higher LOC.                       |

*Thresholds and Points*

| MHOPo1   Adults |               |        | MHOPo1   Children Non-ASD |            |        |
|-----------------|---------------|--------|---------------------------|------------|--------|
| Current Year    | Percentage    | Points | Current Year              | Percentage | Points |
| At or Above     | 84.4%         | 3      | At or Above               | 80.00%     | 3      |
| Between         | 73.40%–84.39% | 1.5    | Between                   | 67.10%–80% | 1.5    |
| Below           | 73.4%         | 0      | Below                     | 67.1%      | 0      |

**5.2. MHOPo4a: Percent of Episodes with at Least Two Therapeutic Services within 30 Days of Episode Start**

|                   |  |  |
|-------------------|--|--|
| <b>Rationale</b>  | Engagement in treatment early in the therapeutic relationship is critical to promoting long-term wellness and recovery. Because early engagement is an important element of care, measures of engagement/retention focus on the first 90 days of outpatient service. |  |
| <b>Definition</b> | <i>Eligible Population (Inclusion Criteria)</i>  | <ul style="list-style-type: none"> <li>➔ 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</li> <li>➔ Member must be continuously eligible for HealthChoices for at least 30 days following the episode start date.</li> <li>➔ Episode start dates must occur within the measurement calendar year.</li> <li>➔ Children who have a diagnosis of ASD are measured separately from those who do not.</li> </ul> |
|                   | <i>Do Not Include</i>  | <ul style="list-style-type: none"> <li>➔ Members 65 and older</li> <li>➔ Members who have insurance coverage other than HealthChoices</li> </ul>   |



|                    |   |   |
|--------------------|---|---|
|                    |   | <ul style="list-style-type: none"> <li>➔ Individuals whose outpatient episodes began prior to the reporting year</li> <li>➔ All LOCs coded as assessment or evaluation</li> <li>➔ Individuals who use Inpatient, Detox, Rehab, RTFA, or RTF within 30 days of the episode start date</li> <li>➔ MHOP services received during an acute episode or concurrent with a higher LOC.</li> <li>➔ MHOP services received concurrent with ASAM OP, IOP, CIRC, IBHS, FBS, Acute Partial, or ACT services (Reference Table <a href="#">5.5.3</a>).</li> <li>➔ Providers that perform assessments only (Reference Table <a href="#">5.5.5</a>), as individuals assessed by those providers necessarily receive additional services from other providers and not by the assessing provider (the outpatient portion of each episode ends when the individual begins service with a different provider).</li> </ul> |
|                    | <i>If a member has multiple qualifying episodes with the same or multiple providers during the measurement period</i>   | A qualifying episode consists of a service that begins an episode followed by at least one MHOP 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 individual is determined to have multiple new episodes within the measurement year.  |
| <b>Denominator</b> | Qualifying episodes:<br>Discharges of the Eligible Population listed above during the measurement period.   |   |
| <b>Numerator</b>   | Episodes with two or more visits:<br>From the qualifying episodes, number of episodes that have two or more Therapeutic Outpatient services with the same provider and within 30 days of the therapeutic episode start date. The therapeutic services must have occurred on separate dates. |   |

**Thresholds and Points**

| MHOPo4a   Adults |               |        |
|------------------|---------------|--------|
| Current Year     | Percentage    | Points |
| At or above      | 68.50%        | 3      |
| Between          | 52.70%–68.50% | 1.5    |
| Below            | 52.7%         | 0      |

  

| MHOPo4a   Children Non-ASD |  |  |
|----------------------------|--|--|
|----------------------------|--|--|

| Current Year | Percentage    | Points |
|--------------|---------------|--------|
| At or above  | 75.38%        | 2      |
| Between      | 60.37%–75.38% | 1      |
| Below        | 60.4%         | 0      |

**MHOPo4a | Children w/ASD**

| Current Year | Percentage    | Points |
|--------------|---------------|--------|
| At or above  | 48.15%        | 3      |
| Between      | 19.06%–48.15% | 1.5    |
| Below        | 19.06%        | 0      |

**5.3. MHOPo5: Percent of Episodes Having Two or Fewer Services (Retention)**

|                   |  |
|-------------------|--|
| <b>Rationale</b>  | Engagement in treatment early in the therapeutic relationship is critical to promoting long-term recovery. Because early engagement is an important element of care, this retention measure supplements the other early engagement measures in examining clients' levels of engagement with an outpatient provider.  |
| <b>Definition</b> | <p>Lack of retention is measured as the percent of clients who have two or less therapeutic services (as defined in Reference Table <a href="#">5.5.1</a>) on separate days with the same provider during a therapeutic episode.</p> <p><i>Eligible Population (Inclusion Criteria)</i></p> <ul style="list-style-type: none"> <li>➔ 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</li> <li>➔ Members must be continuously eligible for HealthChoices for at least 90 days following the episode start date.</li> <li>➔ Episode start dates must occur within the measurement calendar year.</li> <li>➔ Children who have a diagnosis of ASD are measured separately from those who do not.</li> </ul> |
|                   | <p><i>Do Not Include</i></p> <ul style="list-style-type: none"> <li>➔ Members 65 and older</li> <li>➔ Members who have insurance coverage other than HealthChoices</li> </ul>  |

|                    |   |
|--------------------|---|
|                    | <ul style="list-style-type: none"> <li>➔ Individuals whose outpatient episodes began prior to the reporting year</li> <li>➔ All LOCs coded as assessment or evaluation.</li> <li>➔ Individuals who use Inpatient, Detox, Rehab, RTFA, or RTF within the first 30 days of the episode start date.</li> <li>➔ Outpatient services received during an acute episode or concurrent with a higher LOC.</li> <li>➔ MHOP services received concurrent with ASAM OP, IOP, CIRC, IBHS, FBS, Acute Partial, or ACT services (Reference Table <a href="#">5.5.3</a>).</li> <li>➔ Providers that perform assessments only (Reference Table <a href="#">5.5.5</a>), as individuals assessed by those providers necessarily receive additional services from other providers and not by the assessing provider (the outpatient portion of each episode ends when the individual begins service with a different provider).</li> </ul> |
|                    | <p><i>If Member has multiple qualifying episodes during measurement period</i></p> <p>A qualifying therapeutic episode consists of a service included in Reference Table 5.5.1. that begins an episode followed by at least one MHOP 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 individual is determined to have multiple new therapeutic episodes within the measurement year.</p>   |
| <b>Denominator</b> | <p>Qualifying episodes:<br/>From the eligible population, number of new outpatient therapeutic episodes. Services that begin episodes need to occur within the measurement calendar year.</p>   |
| <b>Numerator</b>   | <p>Members with two or fewer dates of service:<br/>From the qualifying episodes, number of episodes with two or less therapeutic services on different days with the same provider</p>  |

*Thresholds and Points*

| MHOP05   Adults |              |        |
|-----------------|--------------|--------|
| Current Year    | Percentage   | Points |
| Above           | 36.4%        | 0      |
| Between         | 24.31%–36.4% | 1.5    |
| At or Below     | 24.3%        | 3      |

| MHOP05   Children Non-ASD |              |        |
|---------------------------|--------------|--------|
| Current Year              | Percentage   | Points |
| Above                     | 40.0%        | 0      |
| Between                   | 21.11%–40.0% | 1.5    |
| At or Below               | 21.11%       | 3      |

| MHOP05   Children w/ASD |             |        |
|-------------------------|-------------|--------|
| Current Year            | Percentage  | Points |
| Above                   | 61.6%       | 0      |
| Between                 | 36.3%–61.6% | 1.5    |
| At or Below             | 36.3%       | 3      |

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

|                       |   |
|-----------------------|---|
| <b>Rationale</b>      | 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.   |
| <b>Definition</b>     | 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.   |
| <b>Event Criteria</b> | <p>The P4P cycle for 2024 events is: November 1, 2023 – October 31, 2024.</p> <p>To receive P4P credit in 2024, community-based behavioral health screening events hosted by Drug and Alcohol and MHOP providers must meet the following criteria:</p> <ul style="list-style-type: none"> <li>➤ Providers are required to host the following number of events, based on their 2023 combined Drug &amp; Alcohol and MHOP 2023 census:               <ul style="list-style-type: none"> <li>» Small Providers = 2023 combined census of less than 500 CBH members → 1 event</li> <li>» Large Providers = 2023 combined census of 500 CBH members or more → 2 events</li> </ul> </li> <li>➤ Providers may host their event either in person or on-line.</li> </ul> |

- ➔ The provider must outreach to the community to advertise/market the event, even if the event is hosted on-line.
- ➔ Additional criteria:
  - » 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 two weeks of event. The provider must include evidence of community outreach in this summary.

The amount of this special award is determined by the DBHIDS Commissioner at the end of the reporting year and may fluctuate each year.

## 5.5. Reference Tables

### 5.5.1. LOC Codes for MHOP Therapeutic Services Excluding Assessment

*These services are included in MHOP04a and MHOP05 and in the definition of a therapeutic episode. New LOCs are in red.*

| LOC Code | LOC 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) Peace   |
| 300.020  | (300-20) Healing Hurt People-Licensed Clinician        |
| 300.021  | (300-21) Healing Hurt People-Certified Peer Specialist |
| 300.022  | (300-22) Psychological Assessment                      |

| LOC Code | LOC Label  |
|----------|--|
| 300.023  | (300-23) ICWC-PPS Payment                              |
| 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) |
| 300.056  | (300-56) Office/Outpatient Medical mgmt of New Patient |
| 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   |
| 300.070  | (300-70) COLLATERAL FAMILY PSYCHIATRIST                |

| LOC Code | LOC Label   |
|----------|---|
| 300.071  | (300-71) COLLATERAL FAMILY NON-PSYCHIAT RIST                        |
| 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 LEVEL       |
| 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) Outpatient Medical Evaluation Mngmt of established patient |
| 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   |

| LOC Code | LOC Label   |
|----------|---|
| 300.110  | (300-110) MMHT-COLLATERAL FAMILY-NON-PSYCHIATRIST                     |
| 300.111  | (300-111) MMHT-FAMILY/COUPLES-NON-PSYCHIATRIST                        |
| 300.120  | (300-120) Group Therapy PSB-CBT-SY                                    |
| 300.121  | (300-121) Individual Therapy w/CRNP                                   |
| 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                       |
| 300.142  | (300-142) INDIVIDUAL THERAPY- NON - PSYCHIATRIST-MODERATE             |
| 300.143  | (300-143) INDIVIDUAL THERAPY - NON - PSYCHIATRIC-COMPLEX              |
| 300.153  | (300-153) OUTPATIENT PSYCHIATRIC- INDIVIDUAL THERAPY(OTHER)           |
| 300.155  | (300-155) INDIVIDUAL THERAPY NON-PSYCH 60 MIN.                        |
| 300.156  | (300-156) INDIVIDUAL THERAPY - CFTSI                                  |
| 300.157  | (300-157) Individual Therapy - TF-CBT                                 |
| 300.158  | (300-158) FAMILY THERAPY - CFTSI                                      |
| 300.159  | (300-159) Family Therapy - TF-CBT                                     |
| 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                      |
| 300.171  | (300-171) OP Psychiatric-Ind'l Therapy Non-Psych Trauma Counseling    |
| 300.173  | (300-173) OP Psychiatric-Ind'l Therapy Non-Psych-Complex-Trauma Couns |
| 300.182  | (300-182) Family Therapy - PCIT                                       |
| 300.183  | (300-183) Group Therapy - DBT   |
| 300.184  | (300-184) Individual Therapy-PE                                       |
| 300.185  | (300-185) Individual Therapy - DBT                                    |



| LOC Code | LOC Label   |
|----------|---|
| 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                   |
| 300.210  | (300-210) Individual Therapy-EMDR                           |
| 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     |
| 300.225  | (300-225) Spravato-Observation and Monitoring               |
| 300.226  | (300-226) Group Therapy PSB-CBT-A                           |

**5.5.2. Individuals Discharged from These Services are Excluded from Follow-Up Measures**

*New LOCs are in red.*

| LOC Code | LOC 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: LTR                                  |
| 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        |

| LOC Code | LOC Label   |
|----------|---|
| 400.001  | (400-1) BEHAV.SPECIALIST 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.                     |
| 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                                   |

| LOC Code | LOC Label                                   |
|----------|---|
| 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                    |
| 400.037  | (400-37) BSC-Functional Behavioral Analysis |
| 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)                     |

| LOC Code | LOC Label  |
|----------|--|
| 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        |
| 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) IBHS - 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                |

| LOC Code | LOC Label  |
|----------|--|
| 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) IBHS School Therapeutic Services II              |
| 400.104  | (400-104) FACT-MT  |
| 425.010  | (425-10) Behavior Consultation- Specialized                |
| 425.013  | (425-13) Mobile Therapy-Specialized                        |
| 425.015  | (425-15) IBHS Group Service (9 to 12 group members)        |
| 425.018  | (425-18) Behavioral Health Technician-Specialized          |
| 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  |
| 425.025  | (425-25) Early Childhood Intensive Treatment               |
| 425.026  | (425-26) Therapeutic Afterschool Program                   |
| 425.027  | (425-27) Summer Therapeutic Activities Program             |
| 425.030  | (425-30) Assistant Behavior Consultation-ABA Services      |
| 425.035  | (425-35) Family Peer Support                               |
| 425.036  | (425-36) STEP IBHS LOC Assessment by Licensed Professional |
| 425.038  | (425-38) STEP IBHS Assessment                              |
| 425.039  | (425-39) STEP IBHS Initial Treatment                       |

| LOC Code | LOC Label   |
|----------|---|
| 425.049  | (425-49) IBHS ABA Services LOC Assessment by Licensed Prof. |
| 425.041  | (425-41) STEP Behavior Consultation Licensed                |
| 425.043  | (425-43) STEP Mobile Therapy-Licensed                       |
| 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          |
| 425.053  | (425-53) ABA Group (2-3 Group Members)                      |
| 425.054  | (425-54) ABA Group Services (4-6 Group Members)             |
| 425.058  | (425-58) Behavioral Consultation                            |
| 425.059  | (425-59) Mobile Therapist                                   |
| 425.060  | (425-60) Behavioral Health Technician                       |
| 425.061  | (425-61) IBHS Group Services                                |
| 425.062  | (425-62) Step Behavior Consultation                         |
| 425.063  | (425-63) STEP Mobile Therapist                              |
| 425.064  | (425-64) STEP Group Services                                |
| 425.065  | (425-65) ABA Group Services-BHT                             |
| 425.066  | (425-66) ABA Group Services-BC                              |
| 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                        |

| LOC Code       | LOC Label   |
|----------------|---|
| 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                                    |
| <b>700.034</b> | <b>(700-34) Outpatient Medical Evaluation and Management of New Patient</b> |
| <b>700.035</b> | <b>(700-35) Outpatient Medical Evaluation Mngmt of Established Patient</b>  |
| 800.019        | (800-19) ACT (ASSERTIVE COMMUNITY OUTREACH)                                 |
| 800.022        | (800-22) Community Support Psychiatric- Assertive Community Trt CTT II      |

### 5.5.3. 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. New LOCs are in red.*

| LOC Code | LOC 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                   |



| LOC Code | LOC Label  |
|----------|--|
| 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                               |
| 350.011  | (350-11) FAM./COUPLES NON-PSYCHIATRIST NON-PSYCHIATRIST            |
| 350.012  | (350-12) COLLATERAL FAMILY PSYCHIATRIST                            |
| 350.013  | (350-013) GROUP SESSIONS   |
| 350.015  | (350-15) Evaluation-Physician Assistant                            |
| 350.018  | (350-18) Office/Outpatient Medical Evalation Mngmt of New Patient  |
| 350.019  | (350-19) Outpatient medical and eval mngmt of established patient  |
| 350.025  | (350-25) COLLATER.FAM.NON-PSYCHIATRIST NON-PSYCHIATRIST            |
| 350.035  | (350-35) THERAPY W/ PSYCHIATRIST                                   |
| 350.036  | (350-36) THERAPY NON-PSYCHIATRIST                                  |

| LOC Code       | LOC Label  |
|----------------|--|
| 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                        |
| <b>350.159</b> | <b>(350-159) ASAM 1.0 Individual Therapy- Psychiatrist</b>       |
| 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                                     |

| LOC Code | LOC Label   |
|----------|---|
| 350.170  | (350-170) ASAM 2.1 IOP                              |
| 350.171  | (350-171) Tobacco Cessation                         |
| 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                   |
| 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                                 |

| LOC Code | LOC Label  |
|----------|--|
| 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) ASAM 2.5 Partial Hospitalization Services             |
| 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  |

| LOC Code | LOC Label  |
|----------|--|
| 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.      |
| 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 SPECIALIS T 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                   |

| LOC Code | LOC Label  |
|----------|--|
| 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        |
| 400.081  | (400-81) GROUP TSS - SPECIALIZED                   |
| 400.083  | (400-83) LEAD CLINICIAN                            |
| 400.084  | (400-84) SBBH - MOBILE THERAPY                     |

| LOC Code | LOC Label   |
|----------|---|
| 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) SCHOOLTHERAPEUTIC SERVICES                 |
| 400.089  | (400-89) IBHS - 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) IBHS School Therapeutic Services II       |
| 400.104  | (400-104) FACT-MT                                   |
| 425.009  | (425-9) Behavior Consultation- Licensed             |
| 425.010  | (425-10) Behavior Consultation- Specialized         |
| 425.011  | (425-11) Mobile Therapist                           |
| 425.013  | (425-13) Mobile Therapy-Specialized                 |
| 425.015  | (425-15) IBHS Group Service (9 to 12 group members) |
| 425.018  | (425-18) Behavioral Health Technician-Specialized   |
| 425.020  | (425-20) Functional Family Therapy                  |

| LOC Code | LOC Label   |
|----------|---|
| 425.021  | (425-21) Multi Systemic Therapy                             |
| 425.022  | (425-22) Multi Systemic Therapy-PSB                         |
| 425.023  | (425-23) CTSS   |
| 425.025  | (425-25) Early Childhood Intensive Treatment                |
| 425.026  | (425-26) Therapeutic Afterschool Program                    |
| 425.027  | (425-27) Summer Therapeutic Activities Program              |
| 425.030  | (425-30) Assistant Behavior Consultation-ABA Services       |
| 425.035  | (425-35) Family Peer Support                                |
| 425.036  | (425-36) STEP IBHS LOC Assessment by Licensed Professional  |
| 425.038  | (425-38) STEP IBHS Assessment                               |
| 425.039  | (425-39) STEP IBHS Initial Treatment                        |
| 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          |
| 425.053  | (425-53) ABA Group (2-3 Group Members)                      |
| 425.058  | (425-58) Behavioral Consultation                            |
| 425.059  | (425-59) Mobile Therapist                                   |
| 425.060  | (425-60) Behavioral Health Technician                       |
| 425.061  | (425-61) IBHS Group Services                                |
| 425.062  | (425-62) Step Behavior Consultation                         |
| 425.063  | (425-63) STEP Mobile Therapist                              |
| 425.064  | (425-64) STEP Group Services                                |
| 425.065  | (425-65) ABA Group Services-BHT                             |
| 425.066  | (425-66) ABA Group Services-BC                              |
| 700.003  | (700-3) DAY PROGRAM ITEMIZED                                |



| LOC Code | LOC Label  |
|----------|--|
| 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                                 |
| 700.034  | (700-34) Outpatient Medical Evaluation and Management of New Patient     |
| 700.035  | (700-35) Outpatient Medical Evaluation Mngmt of Established Patient      |
| 800.001  | (800-1) Family Based Mental Health Services-Specialized                  |
| 800.003  | (800-3) NON FIDELITY ACT   |
| 800.008  | (800-8) Family Based Mental Health Services                              |
| 800.009  | (800-9) ICM:OFFICE/HOME/OTHER  |
| 800.012  | (800-12) RES COOR:OFFICE/HOME/OTHER                                      |
| 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                               |

| LOC Code | LOC Label   |
|----------|---|
| 800.037  | (800-37) D&A Certified Recovery Specialist Non-Billable |

### 5.5.4. LOCs Indicating Methadone Maintenance

*Individuals receiving these services are excluded from all continuity of care and early engagement/retention measures.*

| LOC Code | LOC Label                                  |
|----------|--|
| 350.168  | (350-168) D&A-Methadone Daily              |
| 350.169  | (350-169) D&A-Methadone Take Home Services |
| 375.002  | (375-002) METHADONE MAINTENANCE            |
| 375.002  | (375-2) METHADONE MAINTENANCE DAILY        |
| 375.012  | (375-12) METHADONE TAKE HOME SERVICE       |

### 5.5.5. 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 P4P.*

| LOC Code | LOC Label                        |
|----------|----------------------------------|
| 300.001  | (300-1) EVALUATION MD            |
| 300.002  | (300-2) EVALUATION NON-MD        |
| 300.003  | (300-3) ASSESSMENT               |
| 300.004  | (300-4) MEDICAL EVALUATION       |
| 300.006  | (300-6) PSYCHOSOCIAL EVALUATION  |
| 300.007  | (300-7) PSYCHOLOGICAL TESTING    |
| 300.015  | (300-15) ASSESSMENT-OTHER        |
| 300.043  | (300-43) INITIAL IP CONSULT      |
| 300.048  | (300-48) SPECIALIZED ASSESSMENT  |
| 300.050  | (300-50) BIOPSYCHOSOCIAL EVAL MD |

| <b>LOC Code</b> | <b>LOC Label</b>  |
|-----------------|---|
| 300.051         | (300-51) BIOPSYCHOSOCIAL EVAL NON-MD                                |
| 300.052         | (300-52) COURT EVALUATION MD  |
| 300.053         | (300-53) COURT EVALUATION NON-MD                                    |
| 300.054         | (300-54) RE-EVALUATION MD   |
| 300.056         | (300-56) Office/Outpatient Medical Mgmt of New Patient              |
| 300.057         | (300-57) RE-EVALUATION NON-MD                                       |
| 300.058         | (300-58) JUV JUS RE-EVALUATION MD                                   |
| 300.059         | (300-59) JUV JUS RE-EVALUATION NON-MD                               |
| 300.060         | (300-60) BIOPSYCHOSOCIAL EVAL MD                                    |
| 300.061         | (300-61) BIOPSYCHOSOCIAL EVAL NON-MD                                |
| 300.062         | (300-62) RE-EVALUATION MD   |
| 300.063         | (300-63) ASSESSMENT   |
| 300.072         | (300-72) RE-EVALUATION NON-MD                                       |
| 300.085         | (300-85) MH/MR SPECIALIZED EVALUATION NON-MD                        |
| 300.086         | (300-86) MH/MR SPECIALIZED RE-EVALUATION NON-MD                     |
| 300.098         | (300-98) Outpatient Medical Evaluation Mngmt of established patient |
| 300.107         | (300-107) FQHC CLINIC VISIT   |
| 300.130         | (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) INT INP Consult for new or estab PT for 45 minutes        |
| 300.139         | (300-139) INITIAL INPATIENT CONSULT, MODERATE                       |
| 300.140         | (300-140) INT INP consult for new or estab PT for total time 60 min |
| 300.141         | (300-141) INT INP consult for new or estab PT for total time 80 min |

| LOC Code | LOC Label   |
|----------|---|
| 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 FORENSIC EVAL-PSYCHOLOGIST-TIER III |
| 300.151  | (300-151) BEHAVIORAL HEALTH FORENSIC EVAL-PSYCHOLOGIST ADDENDUM |
| 300.152  | (300-152) CRNP EVALUATION                                       |
| 300.167  | (300-167) Common Ground-Medication Train and Support            |
| 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 |
| 300.216  | (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                               |

**5.5.6. Services Delivered by an MD or CRNP**

| LOC Code | LOC Label             |
|----------|-----------------------|
| 300.001  | (300-1) EVALUATION MD |

| LOC Code | LOC Label   |
|----------|---|
| 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                                   |

### 5.5.7. Higher LOCs

*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. New LOCs are in red.*

| LOC Code | LOC 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       |

| LOC Code | LOC Label   |
|----------|---|
| 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                          |
| 140.001  | (140-1) EXTENDED ACUTE HOSPITAL BASED SERVICES                      |
| 140.002  | (140-2) EAC SPECIALIZED   |
| 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   |
| 200.027  | (200-27) ASAM 3.7-Medically Monitored Intensive Inpatient           |
| 200.028  | (200-28) ASAM 3.5 Clinically Managed High Intensity Residential Srv |
| 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)                              |

| <b>LOC Code</b> | <b>LOC Label</b>  |
|-----------------|---|
| 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 |

## 6. CHILDRENS BLENDED GENERIC TARGETED CASE MANAGEMENT (TCM)

|                               |  |
|-------------------------------|--|
| <b>LOCs</b>                   | CBH LOC 800.009, 800.018 and 800.033   |
| <b>P4P Measurement Period</b> | July 1, 2023 – June 30, 2024   |
| <b>Episodes</b>               | A new TCM episode is defined as one where the person has not had a TCM visit within that LOC and that provider for a 31-day period prior to that claim.  |
| <b>Age</b>                    | <p>In TCM a “child” can be up to 21 years of age, while, within CBH, “child” refers to individuals younger than 18.</p> <ul style="list-style-type: none"> <li>➤ For providers with child-specific services, age was disregarded.</li> <li>➤ For providers of adult TCM or ACT services only, age was disregarded.</li> <li>➤ Otherwise, persons are divided based on age following CBH's definition.</li> </ul> |

### *Measurements for All LOCs*

| Measurement Labels | Practice Guidelines Domain                          | Measurement 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              | Continuing Support and Early Re-Intervention        | Percent of TCM-Authorized Individuals Having TCM Contact Within 7 Days of Inpatient Discharge |

### 6.1. TCM01: Percent of Authorizations Having at Least One 31-Day Gap Between Services

|                  |  |
|------------------|--|
| <b>Rationale</b> | 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. |
|------------------|--|



|                    |   |
|--------------------|---|
| <b>Definition</b>  | 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.  |
|                    | <p><i>Eligible Population (Inclusion Criteria)</i></p> <ul style="list-style-type: none"> <li>➔ Philadelphia County HealthChoices (CBH) members who at any point during the measurement period had a TCM authorization.</li> <li>➔ Member must have multiple claims spanning at least 31 days during the measurement period.</li> </ul>   |
|                    | <p><i>Do Not Include</i></p> <ul style="list-style-type: none"> <li>➔ 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</li> <li>➔ Members that have insurance coverage other than Philadelphia County HealthChoices</li> <li>➔ Authorizations in which the member lost CBH eligibility for 15 days or more</li> <li>➔ Any 31-day gaps in service that occur before the date the authorization was generated</li> </ul> |
|                    | <p><i>If a client is authorized for TCM services with multiple providers during the measurement period</i></p> <p>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.</p>   |
|                    | <p><i>If there are multiple gaps during an authorization</i></p> <p>A member is only counted in the numerator once, regardless of the number of 31-day gaps in service.</p>   |
| <b>Denominator</b> | <p><b>Members Served:</b><br/>The total number of members with multiple CBH paid claims for a specific authorization with the given provider and LOC in the measurement period. These paid claims must span at least 31 days in the measurement period.</p>   |
| <b>Numerator</b>   | <p><b>Members with Observed Gaps in Service:</b><br/>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.</p>   |

*Thresholds and Points*

| Current Year | Percentage  | Points |
|--------------|-------------|--------|
| Above        | 20.0%       | 0      |
| Between      | 10.0%–20.0% | 0.5    |

| Current Year | Percentage | Points |
|--------------|------------|--------|
| At or Below  | 10.0%      | 1      |

## 6.2. TCM03: Percent of Individuals Having at Least One Inpatient Admission

|                    |   |
|--------------------|---|
| <b>Rationale</b>   | 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.   |
| <b>Definition</b>  | Percentage of TCM members who have one or more inpatient episodes during the measurement period while they are receiving CBH-funded TCM services.   |
|                    | <p><i>Eligible Population (Inclusion Criteria)</i></p> <ul style="list-style-type: none"> <li>➔ Philadelphia County HealthChoices (CBH) members who at any point during the measurement period had a TCM authorization.</li> <li>➔ Member must have a TCM treatment dosage of at least 90 days</li> </ul>   |
|                    | <p><i>Do Not Include</i></p> <ul style="list-style-type: none"> <li>➔ Members that have insurance coverage other than Philadelphia County HealthChoices</li> <li>➔ Members that do not have a TCM treatment dosage of at least 90 days</li> <li>➔ Members that are authorized for TCM during the measurement period that were not admitted to Psychiatric Inpatient or Extended Acute Services</li> </ul> |
|                    | <p><i>When there is a gap in service</i></p> <p>At 60 days without a CBH TCM claim for a given provider and LOC combination, a break in the episode is indicated. The episode end date is the last day the member received TCM services before this gap.</p>  |
|                    | <p><i>If a client is authorized for TCM services with multiple providers</i></p> <p>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.</p>   |
| <b>Denominator</b> | <p><b>Qualifying Members:</b><br/>During the measurement year, members that are authorized for TCM with at least a 90 Day TCM Treatment Dosage</p>  |
| <b>Numerator</b>   | <p><b>Members Admitted to IP:</b><br/>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.</p>   |

*Thresholds and Points*

| Current Year | Percentage  | Points |
|--------------|-------------|--------|
| Above        | 15.0%       | 0      |
| Between      | 10.0%–15.0% | 1      |
| At or Below  | 10.0%       | 2      |

**6.3. TCMo4: Percent of TCM Authorized Individuals Having a TCM Contact within 2 Days of Inpatient Admission**

|                    |   |   |
|--------------------|---|---|
| <b>Rationale</b>   | 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.                |   |
| <b>Definition</b>  | 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.  |   |
|                    | <i>Eligible Population (Inclusion Criteria)</i>   | <ul style="list-style-type: none"> <li>➔ Philadelphia County HealthChoices (CBH) members who at any point during the measurement period had a TCM authorization</li> <li>➔ Must have at least one paid TCM claim associated with the authorization</li> <li>➔ Member must have been admitted to a Psychiatric Inpatient Facility during the measurement year and during the TCM Authorization</li> <li>➔ Member must be authorized for TCM services at the time of their Psychiatric Inpatient admission</li> </ul> |
|                    | <i>Do Not Include</i>   | <ul style="list-style-type: none"> <li>➔ Members that have insurance coverage other than Philadelphia County HealthChoices</li> <li>➔ Member was not authorized for TCM services at the time of admission to the Psychiatric Inpatient</li> <li>➔ Member’s Psychiatric Inpatient episode did not occur during the measurement year or during the member’s TCM authorization</li> </ul>  |
|                    | <i>When there are multiple authorizations</i>   | Include all CBH authorizations (TCM and Psychiatric Inpatient) for members who have more than one authorization in the measurement period.  |
| <b>Denominator</b> | <b>Qualifying Authorizations:</b><br>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. |   |

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

*Thresholds and Points*

| Current Year | Percentage  | Points |
|--------------|-------------|--------|
| At or above  | 90.0%       | 1      |
| Between      | 80.0%–90.0% | 0.5    |
| Below        | 80.0%       | 0      |

*Please Note: There has been a change in scoring for TCM04: Providers that had zero acute inpatient admissions within the reporting period (a rate of 0% for TCM03) will also receive one point on this measure to acknowledge the work that the provider has done to successfully keep members in the community.*

**6.4. TCM05: Percent of TCM Authorized Individuals Having a TCM Contact within 7 Days of Inpatient Discharge**

|                   |   |   |
|-------------------|---|---|
| <b>Rationale</b>  | 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. |   |
| <b>Definition</b> | 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.  |   |
|                   | <i>Eligible Population (Inclusion Criteria)</i>   | <ul style="list-style-type: none"> <li>➔ Philadelphia County HealthChoices (CBH) members who at any point during the measurement period had a TCM authorization</li> <li>➔ Must have at least one paid TCM claim associated with the authorization</li> <li>➔ Member must have been admitted to a Psychiatric Inpatient Facility during the measurement year and during the TCM Authorization</li> <li>➔ Member must be authorized for TCM services at the time of their Psychiatric Inpatient discharge</li> </ul> |
|                   | <i>Do Not Include</i>   | <ul style="list-style-type: none"> <li>➔ Members that have insurance coverage other than Philadelphia County HealthChoices</li> <li>➔ Member was not authorized for TCM services at the time of discharge from the Psychiatric Inpatient</li> </ul>   |

|                    |   |  |
|--------------------|---|--|
|                    |   | ➔ Member's Psychiatric Inpatient episode did not occur during the measurement year or during the members TCM authorization                 |
|                    | <i>When there are multiple authorizations</i>   | Include all CBH authorizations (TCM and Psychiatric Inpatient) for members who have more than one authorization in the measurement period. |
| <b>Denominator</b> | <b>Qualifying authorizations:</b><br>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. |  |
| <b>Numerator</b>   | <b>Members Receiving TCM Services Within Seven Days of Discharge:</b><br>Of the Qualifying Authorizations, any inpatient episode for which the client has a TCM claim with the specified provider and LOC within seven days of the inpatient discharge date.                    |  |

*Thresholds and Points*

| Current Year | Percentage  | Points |
|--------------|-------------|--------|
| At or above  | 90.0%       | 1      |
| Between      | 80.0%–90.0% | 0.5    |
| Below        | 80.0%       | 0      |

*Please Note: There has been a change in scoring for TCM05: Providers that had zero acute inpatient admissions within the reporting period (a rate of 0% for TCM03) will also receive one point on this measure to acknowledge the work that the provider has done to successfully keep members in the community.*