Community Behavioral Health

Provider Operations Manual

A component of the Department of Behavioral Health

Serving Philadelphia’s uninsured, underinsured, and Medicaid-eligible residents
Community Behavioral Health Board of Directors

Arthur C. Evans, Ph. D.
President of the Board
Philadelphia Department of Behavioral Health and Intellectual disAbility Services

Roland Lamb
Director
Office of Addiction Services
Philadelphia Department of Behavioral Health and Intellectual disAbility Services

David T. Jones
Deputy Commissioner
Philadelphia Department of Behavioral Health and Intellectual disAbility Services

Dr. Marquita Williams
Deputy Commissioner
Philadelphia Department of Behavioral Health and Intellectual disAbility Services

Donald F. Schwartz, MD, MPH
Deputy Mayor Health & Opportunity Health Commissioner
Philadelphia Department of Behavioral Health and Intellectual disAbility Services

Anne Marie Ambrose
Commissioner
Philadelphia Department of Behavioral Health and Intellectual disAbility Services

Karen Garrison
Family Member
Philadelphia Department of Behavioral Health and Intellectual disAbility Services

Community Behavioral Health Executive Officers

Joan Erney
Chief Executive Officer

Peter Bezrucik
Chief Operating Officer

Andrew Devos
Deputy Chief Operating Officer

Larry Finkel
Chief Information Officer

Matthew Hurford, M.D.
Chief Medical Officer

Geoffrey Neimark, M.D.
Deputy Chief Medical Officer

Catherine Torhan
Chief Financial Officer
Purpose Of This Provider Manual

This manual describes the procedures developed by the Department of Behavioral Health/Community Behavioral Health (DBH/CBH) under the HealthChoices initiative to assure that all recipients of mental health and substance abuse services receive the most appropriate treatment in the least restrictive environment possible. CBH is not only committed to helping people live in the community, but also to help people live with the community. To that end, treatment should be focused around the principles of recovery, resilience and self-determination.


The Provider Manual assists network providers in meeting the requirements established for:

- determining appropriate levels of care
- authorization to provide treatment
- utilization review
- the discharge planning process
- claims processing
- quality management
- the complaints, grievance and appeals process
- credentialing and re-credentialing

DBH/CBH expects to work in partnership with stakeholders of the provider network in assuring that resources are used effectively to meet the mental health and substance abuse needs of Philadelphia's citizens. From time to time and for a variety of purposes, DBH/CBH will invite representatives from the provider network, service recipients and/or their families and advocacy groups to sit on committees or advisory boards, to provide feedback on new ideas, or otherwise assist DBH/CBH in meeting the needs of the Philadelphia community. Instituting managed care concepts in the public sector behavioral health-care environment is a continuing challenge and requires cooperation and collaboration at all levels of the system. This manual provides a foundation for these relationships.
Frequently Called Telephone Numbers

Emergency Services………………………………………………………………………………..(215) 413-7171
Non-Emergency Services Requiring Prior Authorization……………………………(215) 413-3100
Member Services……………………………………………………………………………….1-(888) 545-2600
Provider Relations Hotline………………………………………………………………(215) 413-7660
Claims Hotline………………………………………………………………………………….(215) 413-7125

Philadelphia’s Behavioral Health System

The Philadelphia Department Behavioral Health system consists of three components and Intellectual disAbility Services:

Philadelphia Office of Mental Health (OMH)……………………………………….(215) 685-5400
1101 Market Street, 7th Floor
Philadelphia, PA 19107

Office of Addiction Services (OAS)…………………………………………………..(215) 685-5444
1101 Market Street, 8th Floor
Philadelphia, Pa 19107

Community Behavioral Health (CBH)………………………………………………(215) 413-3100
801 Market Street, 7th Floor
Philadelphia, PA 19107

Intellectual disAbility Services (IDS)…………………………………………………(215) 685-5900
701 Market Street, 5th Floor, Suite 5200
Philadelphia, PA 19106
The County of Philadelphia has integrated its behavioral healthcare services into one comprehensive system, which became a distinct city department for behavioral health. It is comprised of the Office of Mental Health (OMH), Intellectual disAbility Services (IDS), the Office of Addiction Services (OAS), and Community Behavioral Health (CBH). This vision of an integrated behavioral health care system permits the separate funding streams of Medical Assistance, County and Commonwealth of Pennsylvania dollars to be administered by the Department of Behavioral Health (DBH). This ensures one point of accountability, as well as flexibility and cost efficiencies in the design and delivery of services.

Office of Mental Health and Intellectual disAbility Services

OMH and IDS is a component of DBH operated by the City of Philadelphia. Within the Commonwealth of Pennsylvania’s mental health system, each county has the responsibility to serve as the central authority in providing administrative, fiscal and program planning management for a comprehensive array of services targeting persons with mental illness. OMH and IDS are primarily funded by the Pennsylvania Department of Public Welfare (DPW), through State Base Allocation and Federal Block Grant dollars. Funding is also provided by the City of Philadelphia through its General Fund in order to comply with state match requirements and to further efforts to address the mental health needs of the citizens of Philadelphia.

Office of Addiction Services

OAS is a component of the Philadelphia DBH. It is also a Single County Authority (SCA) in the Commonwealth of Pennsylvania’s drug and alcohol system. In both roles, OAS has responsibility for planning, funding, and monitoring substance abuse prevention, intervention, and treatment services within Philadelphia. OAS receives the majority of its funds in the form of Pennsylvania Base Allocation dollars and Federal Block Grant dollars from the Pennsylvania Department of Health (DOH). OAS also receives Philadelphia General Fund dollars which it uses to meet the required State match, as well as to fund services which meet the unique needs of drug and alcohol users living in Philadelphia.

Community Behavioral Health

CBH is the managed care component of the integrated DBH. It is one of the few behavioral health Medicaid managed care organizations in the country that is managed by a city government. Under the Pennsylvania Department of Public Welfare’s HealthChoices initiative, CBH contracts with agencies or independent practitioners to provide in-plan mental health and substance abuse services to covered adults, children, and adolescents.

CBH was created by the City of Philadelphia and is organized and operated as a nonprofit, 501c(3) corporation.
CBH is committed to providing the most appropriate and effective services possible while managing resources to best meet the needs of the Philadelphia community. The joining of managed care concepts with public sector services creates a uniquely effective model for the management and delivery of behavioral healthcare services to Philadelphia recipients of Medical Assistance. In order to carry out these goals, CBH will:

- review the credentialing standards and procedures of agency and individual providers
- contract with those entities meeting the credentialing requirements
- authorize in-plan services under HealthChoices to be delivered to clients
- manage the utilization of those services
- pay appropriate claims for services
- maintain a quality management program and
- resolve disputes among clients, providers and CBH

The provider network is maintained at a level to accommodate these needs and allow choice among clients.

Mission And Values

Mission Statement

The purpose of CBH, as part of DBH, is to ensure that Philadelphia residents with mental health and substance abuse needs receive the most appropriate and effective treatment in the least restrictive and most cost-efficient setting. CBH is not only committed to helping people live in the community, but also to help people live with the community. To that end, treatment should be focused around the principles of recovery, resilience and self-determination.

CBH:
- plans for and coordinates the delivery of covered services to recipients of Medical Assistance and works closely with OMH, IDS, and OAS to ensure a full and appropriate range of behavioral health treatment modalities and supportive services;
- engages third parties to provide mental health and substance abuse services; and
- monitors and evaluates services and requires its contracted providers to be accountable.

Values Statement

Philadelphia is committed to a “seamless” system of care for all public sector clients. The DBH is organized around core principle of delivering high quality treatment services in a way that is fully accessible and cost efficient. Pursuit of this principle is guided by a commitment to the provision of treatment that is comprehensive, community based, and delivered in the least restrictive setting with a focus on cost efficient services. DBH utilizes the non-profit, public-sector service delivery system as the core of its treatment network.
To fulfill these values, DBHIDS adheres to and believes in the following guiding principles:

1. Strength-based approaches that promote hope
2. Community inclusion, partnership, and collaboration
3. Person and family-directed approaches
4. Family inclusion and leadership
5. Peer culture, support, and leadership
6. Person-first (culturally competent) approaches
7. Trauma-informed approaches
8. Holistic approaches toward care
9. Care for the needs and safety of children and adolescents
10. Partnership and Transparency
The following is intended to introduce key departments within CBH and provide basic information about them. Detailed information about each department will be provided in later sections of this manual as necessary. Following are brief summaries of the departments working most closely with the provider network: Provider Operations, Clinical Management, and Member Services.

**Provider Operations**

Provider Operations, which consists of Provider Relations, Compliance, and Network Development is designed to contract, maintain, and coordinate a comprehensive network of treatment providers. As a liaison between DBH/CBH and providers, this department is responsible for providing the support and resources necessary for maintaining the provider network. The Provider Operations department reports to the Deputy Chief Operating Officer.

**Provider Relations:** (215) 413-7660

Monday-Friday, 8:30 am - 5:00 pm

**PROVIDER RELATIONS:**

- helps triage all non-clinical issues from providers
- offers assistance to providers in various capacities
- clarifies policies and procedures
- interprets contract language and rates
- assists providers in accessing the information or department they need
- participates in the Personnel file reviews in conjunction with compliance

**COMPLIANCE:**

Compliance is responsible for monitoring CBH providers for adherence to Federal and Pennsylvania Medicaid regulations and CBH policies. The Department is also the investigating body for the detection of fraud and abuse in the provider network. DBHIDS and CBH staff review the qualifications of professional and paraprofessional staff employed by treatment providers in the network. This monitoring consists of both on-site and in-house audits. The Compliance Department also maintains a Fraud and Abuse Hotline for CBH members and providers staff to express concerns regarding irregularities in provider practices.
NETWORK DEVELOPMENT:

Network Development is charged with ensuring that there are sufficient resources in the provider network to meet the behavioral health needs of our clients. Resource development is achieved through a competitive bid process in which the DBH/CBH issues Requests for Proposals (RFP) or Requests for Qualifications (RFQ) for services needed. Network Development also provides technical assistance, education, and consultation services to providers in the network.

Clinical Management

Clinical Management Emergency: (215) 413-7171
24 hours a day, 7 days a week

Clinical Management Non-Emergency: (215) 413-3100
Monday-Friday, 9:00 am - 4:00 pm

Clinical Management assures that each client receives a comprehensive array of clinical services at the appropriate level of care in the least restrictive environment. Clinical Management, along with Medical Affairs, coordinates the ongoing treatment of each client. The Clinical Management department reports to the Deputy Chief Medical Officer.

CLINICAL MANAGEMENT is responsible for:

- coordinating care
- determining levels of care
- authorizing services
- conducting concurrent reviews
- conducting retrospective reviews
- maintaining a clinical liaison with providers
- resolving problems related to utilization management issues
Member Services

Member Services: 1-(888) 545-2600
24 hours a day, 7 days a week

Member Services is dedicated to ensuring that all clients obtain needed services and works to remove barriers to treatment. Members Services works closely with all other DBH departments to assure that DBH/CBH clients obtain prescribed services. Member Services staff include individuals who have first-hand experience as clients or family members of those in recovery from behavioral health issues. The Member Services department reports to the Deputy Chief Operating Officer.

MEMBER SERVICES is responsible for:

- working directly with clients
- functioning as internal ombudspersons
- recording initial information about client complaints or grievances and resolving service-related issues, and forwarding it to Provider Operations for a quality review and investigation
- confirming client eligibility
- collecting relevant demographic clinical information about the client
- scheduling appointments for assessments
- determining special needs

Quality Management

QUALITY MANAGEMENT:

Quality Review monitors and evaluates behavioral health services in order to ensure that the best treatment options are provided to clients in a culturally sensitive and quality-driven environment. To this end, Quality Review monitors complaints, incidents and quality concerns, and audits activities to determine compliance with established quality of care standards. Quality Review also establishes objective and measurable criteria to assess client care, and establishes a system, which identifies risk potential to clients or providers. The Quality Management department reports to the Deputy Chief Medical Officer.