

# Community Behavioral Health

Provider Manual



# Introduction and Purpose

This manual describes the procedures developed by the Department of Behavioral Health & Intellectual disAbility Services/ Community Behavioral Health (DBHIDS/CBH) under the HealthChoices initiative to assure that all recipients of mental health and addiction services receive the most appropriate treatment in the least restrictive environment possible. CBH is committed to helping people live successfully in the community. To that end, treatment should be based on principles of recovery, resilience, and self-determination.

The CBH Provider Manual consists of the following sections:

**Coordinating Services:** An overview of roles and responsibilities in coordinating behavioral health services with other social services, physical health care, pharmacies, laboratories, transportation, and emergency services.

**Authorizations:** Describes the procedures that providers must follow to obtain authorizations for treatment of CBH members.

**Claims:** Instructional guide for providers on billing CBH for services rendered to members.

**Quality Management:** Provides an overview of the functions of the Quality Management department at CBH, including descriptions of complaints and grievances processes, as well as processes to address quality concerns.

**Provider Operations:** An overview of the Provider Operations department at CBH, which includes the procurement process, initial credentialing, and technical assistance.

**Performance Evaluation, Analytics, and Research (PEAR):** A summary of the functions of the PEAR department, including the utility of data to enhance quality services and an overview the Pay-for-Performance payment model.

**Glossary:** Definitions of frequently used terms to ensure shared understanding of the manual's content.

**Member Handbook:** An appendix that links to the handbook of services, rights, and responsibilities for CBH members.

DBHIDS/CBH expects to work in partnership with stakeholders within the provider network to assure that resources are used effectively to meet the behavioral health needs of Philadelphia's citizens. DBHIDS/CBH routinely seeks the perspective of representatives from providers, service recipients, and their families when devising initiatives and making changes to the provider network. Instituting behavioral health managed care concepts in the public sector is a challenge that requires cooperation and collaboration from all key participants. This manual aims to provide a foundation for these relationships.

# CBH History & Background

## **Philadelphia's Behavioral Health HealthChoices Program**

Philadelphia was an early innovator in Medicaid managed care. A Robert Wood Johnson grant in the 1990s seeded the opportunity for a unique approach to managed care, specifically building a county operated entity that would leverage the existing legislative and administrative authority of county government within the Philadelphia human services system. As a result, Philadelphia created and contracts with Community Behavioral Health (CBH), a not-for-profit organization to administer behavioral health services and supports to Philadelphia residents. CBH contracts with the City to perform utilization review, quality management, provider network management, and fiscal oversight and accountability for the individuals currently enrolled in the Medical Assistance program.

## **About HealthChoices**

The primary goals of the PA HealthChoices Program are to:

- Improve access to health care services for Medical Assistance (MA) recipients.
- Improve the quality of health care available to MA recipients.
- Stabilize PA's MA spending.

## **Philadelphia**

Philadelphia has increased the number of individuals receiving services reaching penetrations rates well over the national norm. Philadelphia has enhanced and expanded the array of community based programs to meet this growing need, ensuring choices and diversity in the provider network. Philadelphia has also made investments into innovative cost effective alternatives such as psychiatric rehabilitation services, treatment models for individuals living in supported housing, and family functional therapy to support families; all offsets to higher levels of care.

Philadelphia has invested in numerous quality enhancements including developing, training, and implementing an array of evidence based practices (EBPs). These practices include a number of clinical as well as supportive treatment approaches such as Dialectical Behavior Therapy (DBT), Positive Behavioral Interventions and Supports (PBIS), with particular emphasis on trauma informed practices. To ensure sustainability, Philadelphia supported the development of state of the art EBP centers of excellence and implemented Pay for Performance. These commitments have resulted in demonstrated improvements and better outcomes for individuals such as more time in community living (rather than in hospitals, emergency rooms, jails, or on the streets) and greater opportunity for individuals to meet their recovery goals.

Philadelphia has been a good steward of public funds, reinvesting savings into critical human services. These funds have served as an incubator for new innovations, filling vital cracks in the delivery system, and bridge funds for major housing investments.

### **The Philadelphia System**

The County of Philadelphia has an integrated behavioral healthcare system, which became a distinct city department for behavioral health. It comprises the Office of Mental Health (OMH), Intellectual disAbility Services (IDS), the Office of Addiction Services (OAS), and Community Behavioral Health (CBH). An integrated behavioral health care system permits the separate funding streams of Medical Assistance and County and Commonwealth of Pennsylvania dollars to be administered by the Department of Behavioral Health & Intellectual disAbility Services (DBHIDS). This ensures one point of accountability, as well as flexibility and cost efficiencies in the design and delivery of services.

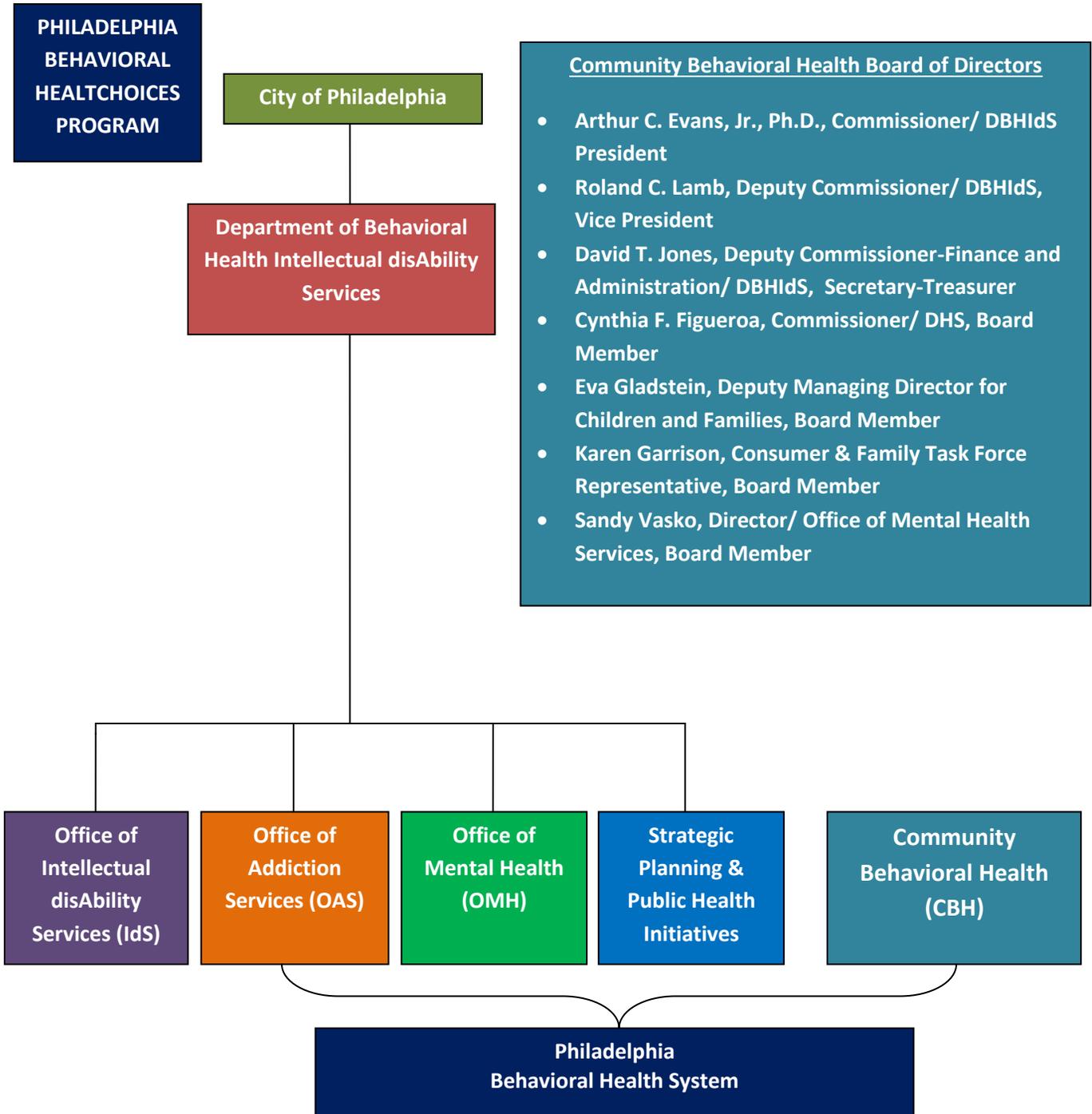
### **System Philosophy & Values**

DBHIDS has been actively transforming Philadelphia's behavioral health system for the last ten years. The department's system transformation is rooted in approaches that promote recovery, resilience and self-determination and builds on the strengths and resilience of individuals, family members and other allies in communities that take ownership for their sustained health, wellness, and recovery from behavioral health challenges. As a next wave of its transformative efforts, DBHIDS is now putting emphasis on quality community-level health outcomes using a population health approach. A population health approach seeks to promote health and wellness in all, not just to diagnose and address challenges for some. DBHIDS's population health approach builds upon many years of focus on community health; thus, the approach is consistent with a public health framework. The essence of DBHIDS' population health approach is based on the following principles: attend to the whole population, not just to those seeking services; promote health, wellness, and self-determination; provide early intervention and prevention; address the social determinants of health; and empower individuals and communities to keep themselves healthy.

To fulfill these values, DBHIDS adheres to and believes in the following **Practice Guidelines**:

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

## Organizational Chart



## **DBHIDS Executive Management**

**Arthur C. Evans, Jr., Ph.D.** – Commissioner, DBHIDS

**Brittany Borden, MA, MPA** – Special Assistant, DBHIDS

**Joan L. Erney, J.D.** – Chief Executive Officer, CBH

**James Hoefler** – Chief Financial Officer, DBHIDS

**Kamilah Jackson, M.D.** – Deputy Chief Medical Officer, CBH

**David T. Jones** – Deputy Commissioner, DBHIDS

**Roland Lamb** – Deputy Commissioner, Strategic Planning and Innovation Division, DBHIDS

**Geoffrey Neimark, M.D.** – Chief Medical Officer, Community Behavioral Health

**Jeffrey Orlin** – Administrative Services Director, DBHIDS

**Daniel J. Paolini** – Chief Information Officer, DBHIDS

**Denise Taylor Patterson** – Director, Intellectual disAbility Services, DBHIDS

**Lawrence Real, M.D.** – Chief Medical Officer, DBHIDS

**Kimberly Rymsha** – Director of Communications, DBHIDS

**Alma Jean Taylor, MSW, LSW, ACSW** – Special Advisor to the Commissioner, DBHIDS

**Sandy Vasko** – Director, Office of Behavioral Health, DBHIDS

## **CBH Executive Management**

**Joan Erney**, Chief Executive Officer

**Donna M. Bailey**, Chief of Staff, Compliance Officer

**Peter Bezrucik**, Chief Operating Officer

**Andrew Devos**, Chief Program Officer

**Geoffrey Neimark, MD**, Chief Medical Officer

**Kamilah Jackson, MD**, Deputy Chief Medical Officer (Children & Adolescent Services)

**Rose Julius, MD**, Deputy Chief Medical Officer (Adult and Addiction Services)

**Catherine Torhan**, Chief Financial Officer

**Renee Henderson**, Deputy Chief Financial Officer

## **Essential Phone 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**  
**Report Fraud, Waste, Abuse .....1-800-229-3050**