



## **Community Behavioral Health (CBH): Provider Notification Guidelines for Evidence-based Practice (EBP) Program Designation Rate Mental Health and Substance Use Outpatient Services December 12, 2018**

### **Introduction**

The Evidence-based Practice and Innovation Center (EPIC) at the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) and CBH launched the Evidence-based Practice (EBP) Program Designation in December 2017. The goals of the EPIC EBP Program Designation are to identify and roster providers who are offering high quality evidence-based and evidence-supported practices and to increase the number of individuals who receive evidence-based services. The EPIC EBP Designation outlines a set of standards that are expected for implementing an EBP Program in a community behavioral health setting and enables DBHIDS to set up mechanisms for monitoring and incentivizing the delivery of EBPs.

### **Eligibility for EBP Rate**

CBH is providing an enhanced rate for EBP-designated programs in mental health and substance use outpatient services. The enhanced rate pilot implemented in 2017 for Dialectical Behavior Therapy (DBT) Parent-Child Interaction Therapy (PCIT), Prolonged Exposure (PE), and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) has been expanded to include all designated EBP programs offered in an outpatient setting.

The enhanced rate will be provided beginning January 1, 2019 for all providers with current EBP designation and will be provided ongoing as new providers acquire the EBP designation.<sup>1</sup> Any provider interested in EBP Program Designation should visit <https://dbhids.org/epic/EBP-program-designation>.

All providers currently receiving the piloted enhanced EBP rate for DBT, PCIT, PE and TF-CBT launched in 2017 are expected to apply for and receive the EBP Program Designation to maintain the enhanced rate.

Providers that receive the EBP Program Designation rate are expected to develop strategies to direct financial incentives to the clinicians delivering the EBP. Enhancing staff compensation and retention of EBP-skilled staff is a key strategy for EBP sustainability.

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<sup>1</sup> CBH is committed to offering the enhanced rate to as many EPB programs as possible. It should be noted, however, that continued expansion of the rate is contingent on funding. Any changes to the availability of the enhanced rate will be communicated in future provider notifications.

**Maintaining EBP Rate**

The EBP Program Designation must be updated annually to maintain the rate. If a provider is no longer able to meet the expectations of the EBP Program Designation, they are expected to notify EPIC and their provider representative at CBH. Designated EBP Programs are also expected to alert EPIC about staff changes.

**EBP Billing Codes**

A unique level of care (LOC) has been defined for each of the EBPs eligible for the enhanced rate. Once a program receives the EBP Program Designation, the appropriate CPT codes will appear on the provider's Schedule A. For programs who have already received the EBP Program Designation, the appropriate CPT codes will be added to the provider's Schedule A by January 1, 2019.

The specific LOCs should only be used for individuals/families engaged in the corresponding EBP, participating in all components as delineated by the model. The EBP LOC should only be used by clinicians who have been trained in the model and with individuals who have been identified as appropriate for the model (e.g. age and diagnostic criteria, presenting problem). The EBP LOC should be used for all sessions when the EBP is being delivered.

**Documentation**

Providers must meet all regulatory and documentation requirements for outpatient service (individual and group). Per the requirements of the EBP Program Designation.

- Providers must include documentation of the delivery of the EBP in treatment plans and session notes.
- Providers must maintain documentation of clinicians' participation in EBP training and consultation.
- EBPs must be incorporated into clinical supervision, and providers should regularly use EBP-specific supervision, quality assurance tools, and outcome measures.

**Monitoring use of EBP LOCs**

CBH will monitor the use of the EBP LOCs through a quarterly review of CBH claims, regular NIAC visits, and standard compliance processes.