



*Creating solutions, **One** person at a time*

PBH Network Design

Current Status of the PBH Network:

The PBH Provider Network is comprised of the following providers that are fully enrolled and contracted:

- 121 Independent Practitioners
- 122 Provider Agencies
- 4 Hospitals
- 3 Comprehensive Community Providers

There are numerous providers that are enrolled to serve specific consumers. This is because consumers with Medicaid from the PBH Counties live all over the state. PBH established a MOA process to provide expedited enrollment of these providers to ensure access to care for consumers.

The Comprehensive Community Provider Model:

The PBH 2003 Local Business Plan called for Comprehensive Community Providers (CCP's) to be established in each county. The goal was to have at least two located in each county to promote consumer choice. The CCP locations were to serve as enrollment sites and collect required demographic information and provide this to PBH. The enrollment sites would also provide services such as assessment and after hours crisis.

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We have been able to meet our goal of two CCP's in each of our five counties as follows:

	Locations
Cabarrus	DAYMARK Recovery Services Excel Tutoring and Personal Development (established March 2007)
Davidson	DAYMARK Recovery Services Foundations Behavioral Health
Rowan	DAYMARK Recovery Services Foundations Behavioral Health
Stanly	DAYMARK Recovery Services Foundations Behavioral Health
Union	DAYMARK Recovery Services Excel Tutoring and Personal Development

The following chart illustrates the difference between services offered by DAYMARK Recovery Services and the other CCP's. In all services except Community Support, DAYMARK Recovery Services has a much greater volume than the other CCP's. State funding for indigent care has been allocated to these CCP's with DAYMARK Recovery Services as the safety net provider, having the largest share of state resources.

DAYMARK Recovery Services	Other CCP's
Assessment	Assessment
Psychiatry	Psychiatry*
Outpatient therapy: MH and SA	Outpatient therapy: MH and SA*
Emergency after hours for all PBH consumers	First Responder and after hours for their consumers only
	Community Support

*Indicates limited basis

The notion of a Lead Agency for each consumer identified as a Target Population was defined in the 2003 PBH Local Business Plan. The new state Medicaid Service definitions implemented in March 2006 included the designation of a Clinical Home for consumers, which is consistent with the PBH Lead Agency concept. The role of the Clinical Home became even more essential with the elimination of case management for consumers with Mental Health and Substance Abuse disabilities, which was effective on March 20, 2006.

PBH was careful to transition all MH-SA consumers receiving PBH case management services to a Community Support Provider prior to the elimination of case management. Because of the PBH Medicaid waiver and our ability to limit the size and scope of our Network, the number of Community Support

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providers in the PBH area was limited to three organizations. These organizations were selected through a competitive RFP process. Despite this careful planning, and limitation of Community Support to a few select providers, service coordination has been extremely fragmented over the past year, as providers have failed to work in collaboration with one another to meet the needs of consumers. This fragmentation has been exacerbated by limited clinical expertise on the part of staff directly involved in the provision of Community Support Services. Collaboration across providers on consumer specific needs is a new role and more time is needed to effectively implement this model. There are numerous other reasons for the current state of service fragmentation; nevertheless, the impact to consumers is significant.

The following model has been developed by PBH to further define the role of the Comprehensive Community Providers, and to address the issues of fragmentation and poor clinical care that have dominated the system over the past year. An additional consideration is the requirement that effective July 1, 2007, only fully licensed staff can provide Assessment and Outpatient Treatment services. This will have the impact of further reducing the pool of fully licensed staff available for consumers accessing public care. This new CCP model will allow CCP providers to leverage those staff by using them strategically for Assessment, and clinical oversight functions.

Services Provided by CCP's	DAYMARK	Other CCPs
Enrollment on line in the PBH system	X	X
Assessment	X	X
Psychiatric Care	X	X
Outpatient Therapy	X	X
Community Support	X	X
Peer Supports	X	X
Medication Assistance	X	X
24 hour on call for their patients	X	X
First Responder	X	X
Person Centered Plan Development reflecting all services to the consumer	X	X
Advanced Access	X	
Daytime Emergency and after hours response	X	
Mobile Crisis	X	
Facility Based Crisis	X	

The ACTT team operated by MHA will be considered a Clinical Home Provider for their assigned consumers and will be expected to achieve the same outcomes as the CCP's.

Expected Outcomes for CCP's functioning as Clinical Home Providers:

1. Single point of responsibility to plan, link and coordinate clinical and support services for consumers.
2. Clinical accountability.
3. First Responder responsibility is clearly assigned.
4. Responsibility for development of Crisis Plan.
5. Team approach to planning and monitoring care. Team includes (as appropriate) psychiatrist, nurse, licensed professional, community support staff and peer specialist.
6. Development of Person Centered Plans that reflect all consumer needs.

Specialty Providers:

Specialty providers as envisioned in the 2003 Local Business Plan were to be providers that specialized in a specific type of service (residential, vocational, etc) or in a specific disability. Most of the providers in the PBH network are specialty providers. PBH depends on its specialty providers to engage in best practice and evidence based practices in the services they provide. Clinical Guidelines have been developed and approved by the PBH Clinical Advisory Committee to guide providers in this approach. It is expected over the next three years, that PBH will begin to use our utilization management and care management intervention (UM Plan) as well as management of funding to encourage providers to move toward best practices.

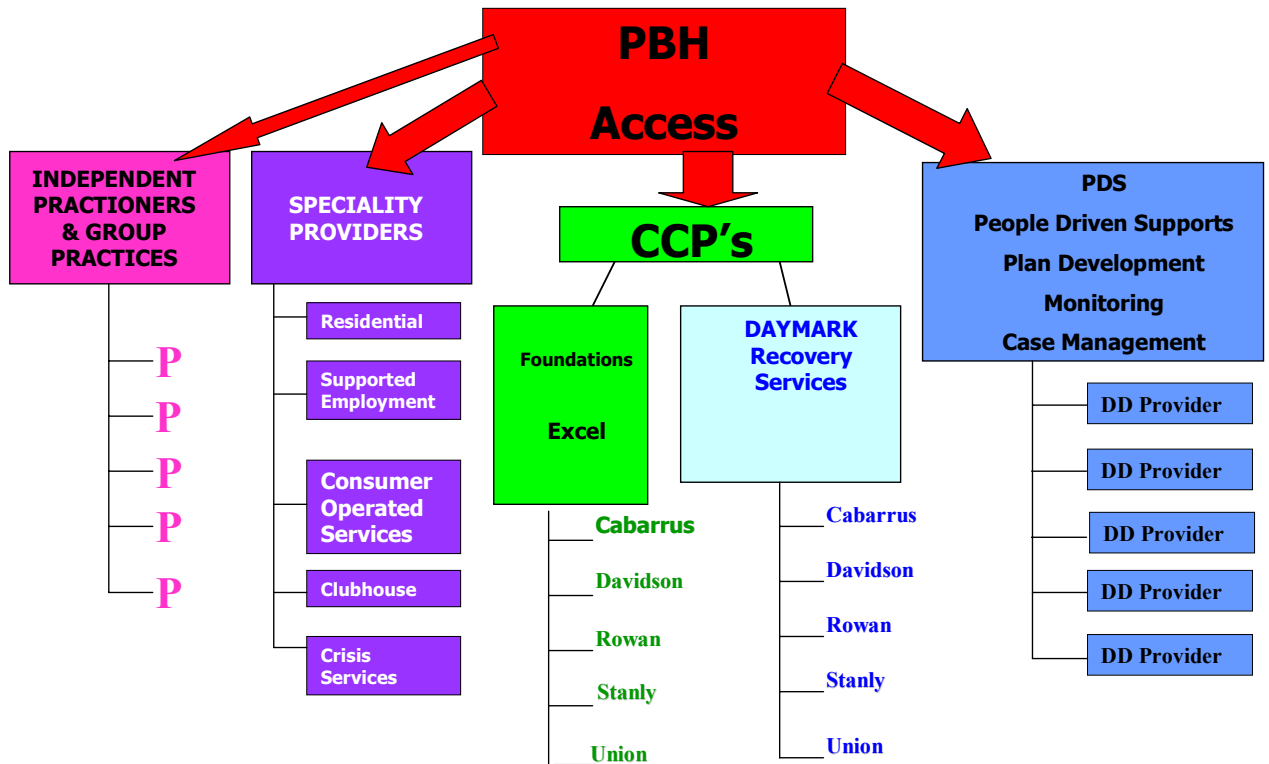
Licensed Practitioners:

Licensed practitioners working independently or in small group practices provide important access to outpatient care for consumers. Often the care that they provide is more specialized than is available in the CCP's. Additionally with the limitations on the services that provisionally licensed staff can provide, it appears that these practitioners will play an increasingly important role in the PBH network.

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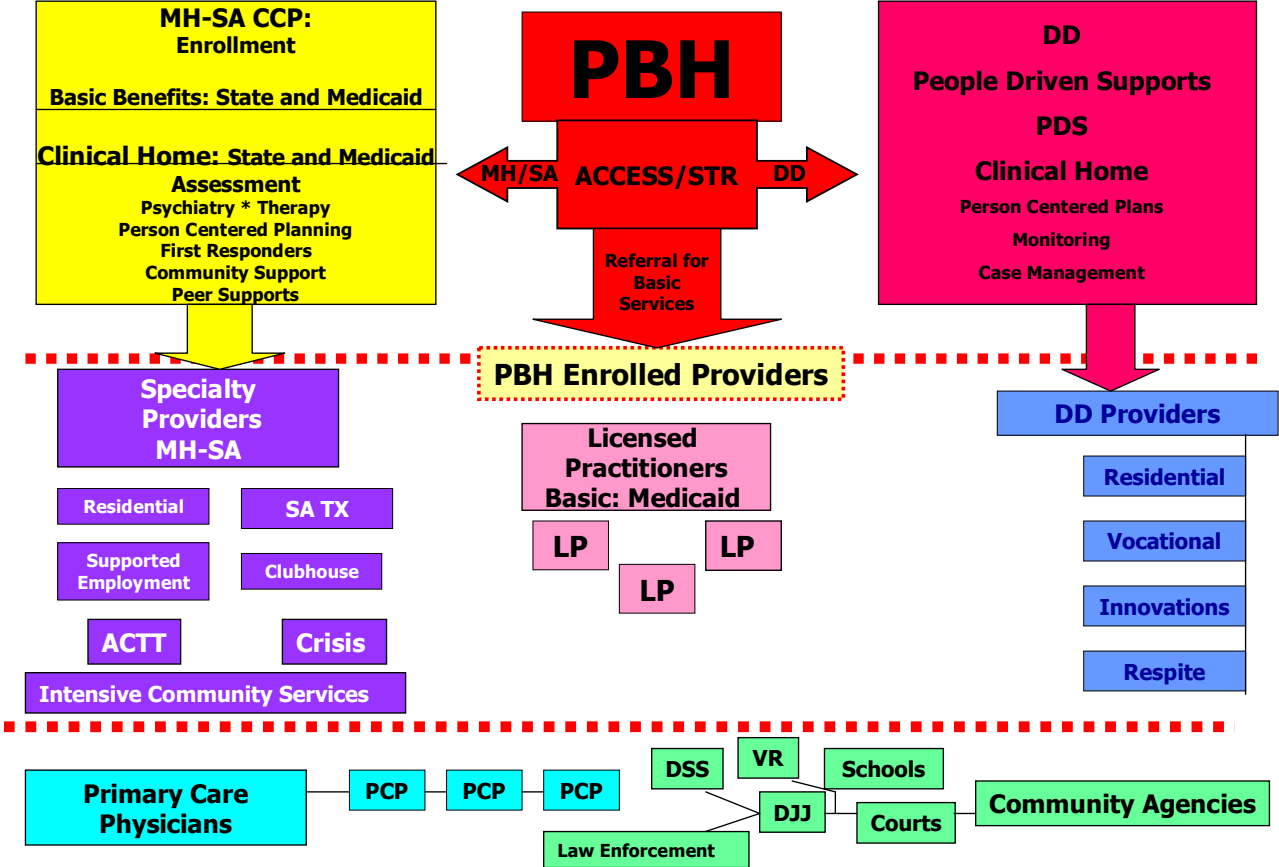
The following charts depict the current and future PBH provider network.

Piedmont LME Network.....Today



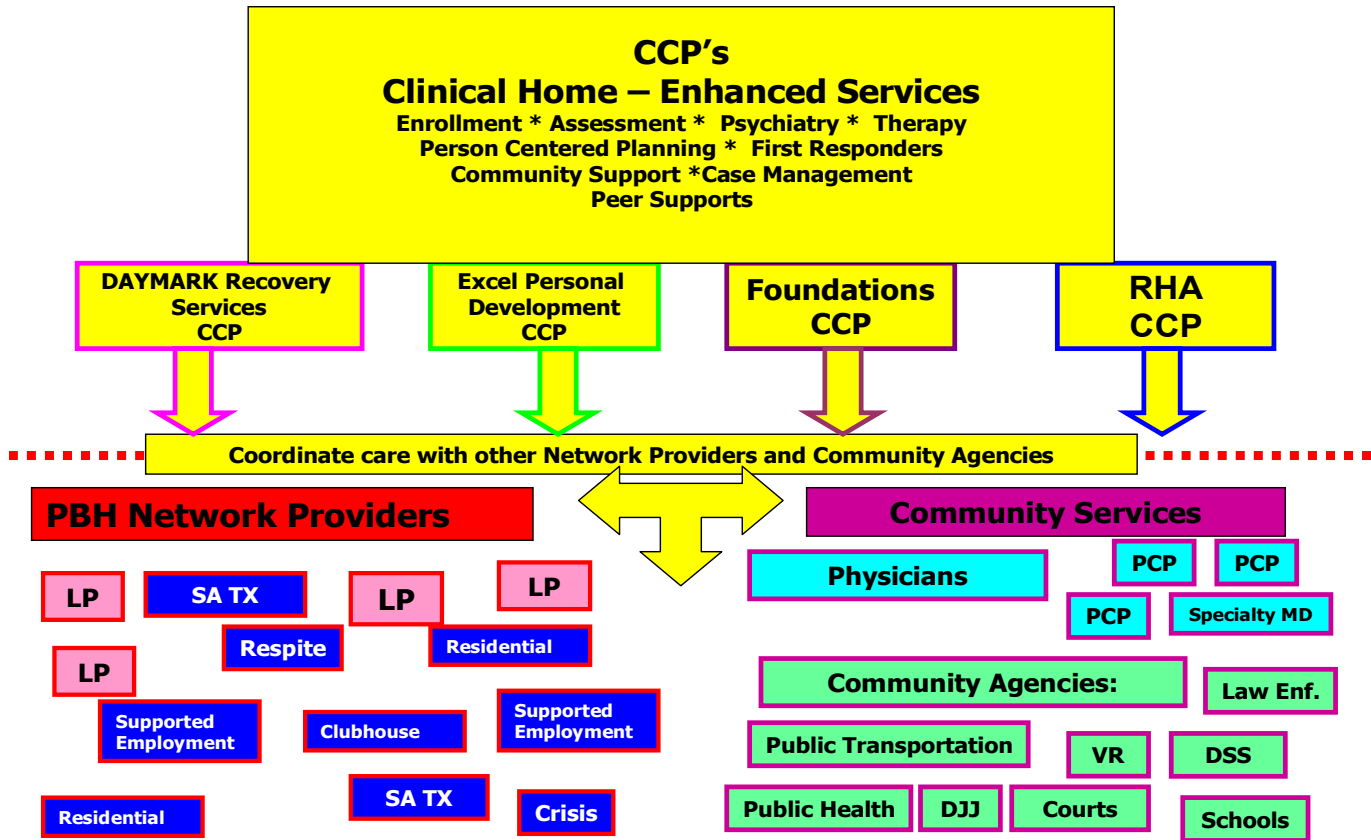
The chart above shows how the current system is composed of silos (except for DD Services) and this results in fragmented care because there is no entity responsible for coordination of care of consumers across providers. Previously PBH fulfilled that function through its case management unit for consumers with mental health and substance abuse disabilities.

Future PBH Provider Network



The most significant change in the provider network design is designation of the CCP's as coordinating entities. This means that for consumers with significant disabilities, there will be collaborative planning and coordination of care.

*Comprehensive Community Providers – CCP's
Clinical Home for MH-SA Consumers*



Each of these Clinical Home Providers (CCP's) is responsible for comprehensive assessment and planning for the care of consumers. For consumers with enhanced service needs, the Clinical Home providers will develop Person Centered Plans that reflect both clinical treatment and support needs. The Clinical Home provider will link the consumer to services provided by other network providers, as well as Medical Providers and other community agencies. The Clinical Home Provider will be responsible for supporting the consumer in developing Crisis Plans or Advance Directives, and will ensure that First Responder services are provided.