Accreditation & Certification Programs For Medical Homes & Health Homes: Where Are We Now, & Where Are We Headed In The Future?

The 2015 OPEN MINDS Strategy & Innovation Institute
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Lora Perry, Senior Associate, OPEN MINDS

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1. Accreditation & Certification Programs For Medical Homes & Health Homes

2. Health Home Accreditation Case Models
   a. Lisa Palmer, M.P.H., Account Manager, Behavioral Health/Child and Youth Services, CARF, International
   b. Laureen Pagel, Ph.D., MS, CAP, Chief Executive Officer, Starting Point Behavioral Healthcare
   c. Peggy Lavin, LCSW, ACSW, DCSW, Senior Associate Director, The Joint Commission
   d. Dimitrios Cavathas, LCSW-C, Vice President of Integrated Care and Development, People Encouraging People

3. Questions & Discussion
Accreditation & Certification Programs For Medical Homes & Health Homes
Medical & Health Homes

- **Medical Home**, aka person-centered medical home, or patient-centered medical home (PCMH): Coordinates individual’s overall health care needs; individuals are active in their own care

- **Health Home**, aka specialized medical home: Coordinates care to individuals with multiple chronic health conditions, including mental health and substance use disorders; team-based approach includes the consumer, his or her providers, and family members, when appropriate; builds linkages to community supports and resources; enhances coordination/integration of primary and behavioral health care
Why Pursue Accreditation/Certification?

- Many states require accreditation/certification as a condition of operating a health home/medical home through Medicaid
- One of the key benchmarks for measuring the quality of a health care organization
- Establishes your organization’s commitment to being a provider of choice
- Helps ensure your patients are receiving the best care possible
- Helps strengthen consumer confidence in your organization, and the quality of services you provide.
- Assists organizations to document and communicate efficiency, fiscal health, service delivery and national benchmarking
- Builds foundation for continuous quality improvement and consumer satisfaction
- Positions the organization to be seen as higher quality than non-accredited organizations
- Represents agencies as credible and reputable organizations dedicated to ongoing and continuous compliance with the highest standard of quality.
Accreditation/Certification Organizations For Health Homes Or Medical Homes

<table>
<thead>
<tr>
<th>Organization</th>
<th>Accreditation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation Association for Ambulatory Health Care (AAAHC)</td>
<td>Yes</td>
</tr>
<tr>
<td>Accreditation Commission for Health Care (ACHC)</td>
<td>No</td>
</tr>
<tr>
<td>Board of Certification/Accreditation, International (BOC)</td>
<td>No</td>
</tr>
<tr>
<td>Center for Improvement in Healthcare Quality (CIHQ)</td>
<td>No</td>
</tr>
<tr>
<td>Commission on Accreditation of Rehabilitation Facilities (CARF)</td>
<td>Yes</td>
</tr>
<tr>
<td>Community Health Accreditation Program</td>
<td>No</td>
</tr>
<tr>
<td>Council on Accreditation (COA)</td>
<td>No</td>
</tr>
<tr>
<td>Healthcare Quality Association on Accreditation (HQAA)</td>
<td>No</td>
</tr>
<tr>
<td>The Joint Commission (TJC)</td>
<td>Yes</td>
</tr>
<tr>
<td>National Committee for Quality Assurance (NCQA)</td>
<td>Yes</td>
</tr>
</tbody>
</table>
What Does Accreditation/Certification Look Like?

- Organizational structure
- Policies and procedures
- Compliance with federal/state/local laws
- Leadership
- Patients’ rights and responsibilities
- Fiscal operations
- Human resource management
- Provision of care
- Patient records
- Quality outcomes
- Performance improvement
What We Need To Know

- What’s the difference between accreditation and certification for health homes?
- Where is accreditation and certification now and where is accreditation and certification heading in the future?
- What about accreditation and certification for integrated care?
- What’s involved with accreditation and certification for health homes?
Lisa Palmer, M.P.H.
Account Manager, Behavioral Health/Child and Youth Services
CARF, International
CARF’s Mission

To promote the quality, value, and optimal outcomes of services through a consultative accreditation process and continuous improvement services that center on enhancing the lives of the persons served.
Over 6,800 service providers with more than 50,000 accredited programs

156 Accredited Health Homes  (May 20, 2015)
CARF... The Right Choice

Quality Improvement

Peer-Review Survey Process

Field-Driven Standards

Consultative Approach
Standards Development
Role of the ISAC

• Experts in the field put forth best thinking about:
  – The needs of the persons served and the field
  – Current practice
  – Future practice and moving the field forward

• Develop a draft set of standards and assist with explanatory information and resources

• Considers how a surveyor will validate during a survey
Structure of the Standards

- ASPIRE to Excellence®
- BH General Program
- BH Core Programs (Health Home)
History of Health Homes

**2012** Focus groups held with CARF to discuss and develop preliminary Health Home program description and standards.

**2013** First published in CARF behavioral health manual.

**2015** International Standards Advisory Committee (ISAC) met to revise standards.

**2016** Revised standards will be in manual.
Health Home Program

- Field Category: Comprehensive Care
- Program Description:
  - Focuses on the whole person
  - Allows for choice
  - Integrates care
  - Embodies a recovery-focused model of care
  - Supports individuals in self-management of chronic health conditions
Health Home Standards

- How provided, accessed, and/or coordinated:
  - Primary care
  - Behavioral health
  - Other healthcare
  - Community and social support services
- Access to personnel and services same or next day
Health Home Standards

- Health promotion, comprehensive case management, and care coordination.
- Use of patient registries/health records for data collection and reporting
- Status indicators and functional outcomes
## Steps to Accreditation

<table>
<thead>
<tr>
<th>STEP</th>
<th>PROCESS</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Consult with CARF resource specialist</td>
<td>1 year prior to survey</td>
</tr>
<tr>
<td>2</td>
<td>Conduct a self-evaluation</td>
<td>6–9 months prior to survey</td>
</tr>
<tr>
<td>3</td>
<td>Submit survey application</td>
<td>3–6 months prior to survey</td>
</tr>
<tr>
<td>4</td>
<td>CARF invoices fee</td>
<td>After application is received</td>
</tr>
<tr>
<td>5</td>
<td>Survey team selected</td>
<td>30 days before survey</td>
</tr>
<tr>
<td>6</td>
<td>Survey</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Outcome rendered</td>
<td>6–8 weeks after survey</td>
</tr>
<tr>
<td>8</td>
<td>QIP submitted</td>
<td>90 days after outcome</td>
</tr>
<tr>
<td>9</td>
<td>ACQR submitted</td>
<td>Anniversary date</td>
</tr>
<tr>
<td>10</td>
<td>Maintain contact</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
CARF Fee Structure*

- Application Fee: $995.00
- Survey Fee: $1,590.00 per surveyor per day
  - Based on number of surveyors and days needed to complete the survey
  - Includes all surveyor expenses

Average Survey
2 surveyors/2 days
$6,360.00

* USD
Contact Us

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1-888-281-6531
Laureen Pagel, Ph.D., MS, CAP
Chief Executive Officer
Starting Point Behavioral Healthcare
Our Mission

• To promote emotional wellness through psychiatric, mental health and substance abuse services and community education and awareness.
Who We Are

• Starting Point is a small community behavioral health agency in a rural county in Northeast Florida.
• $3.5 million dollar budget
• 60 employees
• Full spectrum of outpatient services
• No residential, detox, CSU or Psychiatric Hospital services in the county
• Serve all ages from child to older adult, both mental health and substance use disorders
• CARF accredited since 2000.
Services Provided

- Adult Mental Health
- Children’s Mental Health
- Psychiatric Services
- Substance Abuse Treatment
- Medical Management
- Socialization Services
- Prevention
- Art Therapy
- Case Management
- Women’s Program
- School-Based Prevention
- Mental Health Court
- Integrated care
Integrated care model

Have a therapist located on-site at the rural health clinic (health home) in the county. (There is no FQHC).

• Provide screening, crisis intervention and individual therapy
• Work closely with the medical team to identify referrals utilizing the PHQ-9
• In process of placing a Social Worker in the ED and care manager in community for follow-up
• Partnership exists between Baptist Hospital, Barnabas medical clinic and Starting Point
Why become accredited?

• Accreditation is essential for long-term success
• The “Golden Seal” of approval payers/insurers look for when contracting with agencies
• Sets the standards on which to build a strong foundation for new programs
• Blueprint to follow when working with medical partners to establish policies, procedures and protocols.
• Common language
Challenges

• Change can be difficult for some people, expect resistance
• A higher level of accountability is often scary for staff
• Three types of people will emerge – Sabotager, Cheerleader, and the Deserter
• Becoming accredited takes hard work, if it was easy everyone would be accredited
• Must have support and buy-in from the top down
• Find your Champion!
CARF accreditation is not something that comes around once every 3 years. It is a way of doing business!

• Ensures consistency between programs and among staff
• Maintains best practices for quality client care
• Promotes efficiency and effectiveness
• Adds value and credibility
Contact Information

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Integrated Care: Considerations for Quality

Open Minds Strategy & Innovation Institute

June 17, 2015

Peggy Lavin, LCSW, ACSW, DCSW
Senior Associate Director
Our Mission
To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel, in providing safe and effective care of the highest quality and value.

Our Vision
“All people experience the safest, highest quality, best-value health care across all settings”.
Integrated health care = integration/coordination of health care needs of an individual served (physical, mental, substance use, eating disorders and prevention/wellness promotion)

- Primary Physical Health Care – Behavioral Health Care accreditation requirements
- Behavioral Health Home – Certification requirements
Primary Physical Health Care

Behavioral Health Care accreditation manual (accreditation requirements)

- **CTS.04.02.19** Directly providing primary physical health care
- **CTS.04.02.21** Indirectly providing primary physical health care
Primary Physical Health Care

CTS.04.02.19 Directly providing primary physical health care

- Education on value of prevention, screening, and routine primary physical health care
- Prevention, screening, and primary physical health care services
- Referral for specialty care and services (eg. lab)
- Support to individual to access and follow through
- Education to providers on specific populations needs
Primary Physical Health Care

CTS.04.02.21 Indirectly providing primary physical health care
1. To improve the experience of care
2. To improve the health of population(s)
Whole person care - both physical, mental and substance health

Support an Individual’s right to make decisions about his/her own care, treatment, and services

Care Coordination

Accessible care – social support, navigation

Flexible approach to how services are delivered

Supplement existing requirements
The BHH standards apply to three types of Health Homes, as endorsed by SAMHSA:

- **“In-house”** – the behavioral health care organization provides the behavioral health care services and some of the primary physical health care services.

- **“Co-located partnership”** – the behavioral health care organization arranges for health care providers to offer some basic primary physical health care services on-site.

- **“Facilitated referral”** – the behavioral health care organization has processes to ensure the coordination of primary physical health care provided off-site.
Behavioral Health Homes (BHH):

- CMHCs, Children’s Residential Services, Behavioral Health Systems, OTPs, Hospital Outpatient programs

Primary Care Medical Homes (PCMH):

- FQHCs, Hospital Based Clinics, Group Practices, University Medical Systems
Behavioral Health Home (BHH) Certification

- Available since Jan 1, 2014
- Agency must be accredited under the Behavioral Health Care accreditation program
- Responsible for Coordination and Integration of Mental Health, Substance Use and Physical Health Care
- Guidelines, not prescriptive requirements
- Optional
- Demonstrates the organization’s achievement of additional quality measures to ensure health care is coordinated and integrated
On-Site Survey Process

- On-site survey
  - One additional day added to accreditation initial/triennial on-site survey
  - One day for extension on-site survey

- Tracers with individuals served

- Conduct interviews with behavioral health home staff
# Quality Check

## Summary of Quality Information

### Accreditation Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Accreditation Decision</th>
<th>Effective Date</th>
<th>Last Full Survey Date</th>
<th>Last On-Site Survey Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Care</td>
<td>Accredited</td>
<td>9/15/2011</td>
<td>9/14/2011</td>
<td>9/14/2011</td>
</tr>
</tbody>
</table>

### Certified Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Certification Decision</th>
<th>Effective Date</th>
<th>Last Full Review Date</th>
<th>Last On-Site Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health Home Certification</td>
<td>Certified</td>
<td>1/15/2011</td>
<td>9/14/2011</td>
<td>9/14/2011</td>
</tr>
</tbody>
</table>
## Quality Check

### Sites and Services

* Primary Location

An organization may provide services not listed here. For more information refer to the [Quality Report User Guide](#).

<table>
<thead>
<tr>
<th>Locations of Care</th>
<th>Available Services</th>
</tr>
</thead>
</table>
| Adult Supportive Housing Programs  
60 East 3 Street  
Hialeah, FL 33010 | • Assertive Community Treatment/Community Support Services (Non 24 Hour Care - Adult)  
• Case Management (Non 24 Hour Care - Adult)  
• Primary Physical Health Care  
• Behavioral Health Home Services |
The Joint Commission’s Gold Seal of Approval™ means your organization has reached for and achieved the highest level of performance recognition available in the behavioral health field.
Behavioral Health Care Accreditation Team

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Associate Director

SIGInquiries@jointcommission.org

630/792-5900 Option # 6

(If your question concerns the Life Safety Chapter, please call 630/792-5900 and ask for a Joint Commission engineer or email engineer@jointcommission.org)
Dimitrios Cavathas, LCSW-C
Vice President of Integrated Care and Development
People Encouraging People
Behavioral Health Home Certification

DECISIONS AND DIRECTIONS OF PEOPLE ENCOURAGING PEOPLE, INC.
Baltimore, Maryland

Dimitrios Cavathas, LCSW-C
Vice President of Integrated Care
People Encouraging People, Inc.

Adjunct Associate Professor
University of Maryland School of Social Work
People Encouraging People, Inc.

- 501 c (3), established in Maryland in 1979
- Annual operating budget of $24 million, 68% Medicaid/Medicare
- Largely treat individuals with complex behavioral and somatic health, social and economic needs
- Special Populations include
  - Individuals with forensic histories
  - People who are deaf or hard-of-hearing
  - Russian speaking persons
  - Transitional age youth
  - Persons who are chronically homeless
  - Individuals with co-occurring disorders.
Services include:

- Psychiatric Rehabilitation Services
- Supported Living Services
- Supported Employment Services
- Assertive Community Treatment
- Jail Diversion/Second Change Programs
- Residential Rehabilitation Services
- Integrated Mental Health, Substance Abuse, and Somatic Care
- Intensive Case Management Services
- Homeless Engagement Services
- 24 hour on call/on-site response

Supports include:

- Emergency & Affordable Housing
- Feeding Programs and Food Pantry
- Indigent Medicine Program
- Representative Payee Services
- Transportation Services
- Financial Assistance
Why the Joint Commission Accreditation?

- **Strategic Perspective**
  - Integrated Care
  - Affordable Health Care Act
  - Provided more opportunities for learning

- **Clinical Perspective**
  - More topically focused, less program focused
  - More integrated standards mirror integrated treatment
  - Encouraged thoughtfulness and the “why” of things

- **Management Perspective**
  - OMG!
Why Behavioral Health Home Certification?

- “The whole enchilada”
- Demonstrated organizational commitment to integrated care
- We were meeting the majority of requirements as a result of the approach we adopted, even prior to establishing the health home
- Behavioral health home still small and expanding – grow it right!
More Importantly, Why Behavioral Health Home At All?

- Mortality and Morbidity Statistics of our Target Population
- Demographics: Poverty, Race, Ethnicity
- Experience with Facilitated Somatic Care
- Movement to Population Based Management
  - Facilitates Legitimacy in Public Health Arena
  - Promotes Effective and Efficient Use of Resources to Address Aggregated Needs
  - Readiness for Per Person/Per Month Costs and Other Managed Care Matrices
Models of Integrated Care
Responses to Health Home Standards

- **CTS.04.01.07**: For organizations that elect The Joint Commission Behavioral Health Home option: The organization provides excellent access to integrated care, treatment, or services.
  - Walk-in capacity on-site
  - Mobile care when needed/requested
  - Exceptional case management in facilitated integrated care

- **CTS.04.02.23**: For organizations that elect The Joint Commission Behavioral Health Home option: The organization provides or facilitates the provision of prevention, screening, and primary physical health care, treatment, or services as part of integrated care.
  - As a result of JACHO certification, revised screening to include specific nutrition and pain assessments
**CTS.04.02.25**: For organizations that elect The Joint Commission Behavioral Health Home option: The organization is accountable for facilitating the provision of integrated care to the individual served.

- Somatic health goals and interventions are integrated into person centered plans
- Healthcare (outputs) and health (outcomes) data measured monthly, quarterly, annually as determined by the measure
- Integrated care is key to our strategic efforts as an organization

**CTS.04.02.27**: For organizations that elect The Joint Commission Behavioral Health Home option: The integrated care team works in partnership with the individual served to support the continuity of care and the provision of comprehensive and coordinated care, treatment, or services.

- Increase in health education
- Service accompaniment and transportation
- CRISP alerts
- Lab services on site
**CTS.06.01.05**: For organizations that elect The Joint Commission Behavioral Health Home option: Case management/care coordination services are based on the needs, preferences, and goals of the individual served and on the community resources available.

**CTS.06.01.07**: For organizations that elect The Joint Commission Behavioral Health Home option: The individual served, with assistance from the organization, determines his or her needs, preferences, and goals regarding training and support to help him or her progress toward independent living and community integration.

- Person centered and WRAP plans for all consumers
- Consumer advisory boards act as ombudsmen
- Done in combination with psycho- and health education
**EC.02.04.03**: For organizations that elect The Joint Commission Behavioral Health Home option: The organization inspects, tests, and maintains medical equipment.
- Initial guidance on medical equipment and supplies provided by the University of Maryland, School of Nursing – Nurse Practitioners Program
- Equipment maintenance conducted per manufacturers suggestions by external experts

**LD.04.04.09**: For organizations that elect The Joint Commission Behavioral Health Home option: The organization uses clinical practice guidelines and/or evidence-based practices to evaluate and treat specific diagnoses, conditions, or symptoms for both physical and behavioral health care. Note: Clinical practice guidelines and evidence-based practices include both nationally recognized guidelines and practices and guidelines and practices developed by individual organizations to address their particular circumstances.
- Determined in part by scope of practice of practitioner
- Developing a network of specialists is key, and not easy
- We looked to the University for assistance with assuring that we adhered to appropriate practice guidelines
- Refer to best practice standards for the management of specific diseases
- Rotation of nursing students (5-6 cohorts of 8) from Johns Hopkins Hospital supplements information gather and/or health education resources and/or provision of specialty services (e.g. hearing/vision; mammography)
- External supervision of nurse practitioner by MD.
**RI.01.04.03 :** For organizations that elect The Joint Commission Behavioral Health Home option: The organization provides individuals served with information about the functions and services of the behavioral health home.

- Consumers provided with description of health home parameters and resources to use with questions/concerns

**RI.01.05.01 :** For organizations that elect The Joint Commission Behavioral Health Home option: The organization addresses decisions made by the individual served about physical health care, treatment, or services received at the end of life. (For more information, refer to Standard CTS.01.04.01.)

- All consumers are encouraged, as part of their person centered planning process, to develop an advanced directive with assistance from staff.
- Policies and procedures are in place for assessing need for medical guardianship and competency
- Support provided through end of life for those who are terminally ill as requested by consumer
- Mortality and Morbidity conferencing conducted routinely and analyzed for trends and recommendations for improvement
THANK YOU!
Questions & Discussion
Questions & Discussion

- What was the most challenging part of becoming accredited?
- What are the outcomes a provider must achieve to be “an integrated care health home?”
- What’s the difference between being “certified” and being “accredited?”
- How does accreditation and certification fit into the Triple Aim?
- What expectations do your accreditation bodies have for technology?
- Where can I get more information?
Turning market intelligence into business advantage

OPEN MINDS market intelligence and technical assistance helps over 140,000 mental health executives tackle business challenges and maximize organizational profitability.

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