

CCO Behavioral Health (BH) Deliverable Recommendations

October 2021

Scope:

The recommendations offered here address the BH-specific deliverables included in the CCO contract. There are other deliverables that impact BH programs and staff (i.e., THW Utilization Report and the Health Equity Plan) but they are not in focus for these recommendations. When other deliverables are referenced (i.e., the DSN), they are only addressed from the BH perspective; therefore, there may be other recommendations from other subject matter experts (SMEs) beyond BH. These recommendations are not specific to the 2022 calendar timelines or what may or may not be an annual process.

Presumptions going into the discussion:

- Deliverable due dates will be at least 90-days after the *guidance* for that deliverable has been issued. For more in-depth planning deliverables, like the Community Health Improvement Plan (CHP), CCOs and community partners will need more than 90-days.
- OHA will share feedback and/or evaluation outcomes within 60-days of submission.
- The Parity Report will be an annual attestation. Additionally, Oregon is aligning with federal reporting regulations, which will be more labor intensive.
- OHA will discontinue the Intensive In-Home BH Treatment (IIBHT) annual report as data is available for evaluation to the OHA via RedCap.
- The Contracts and Compliance workgroup will continue meeting with the OHA and working through contract expectations and deliverables for improved clarity and understanding of purpose.
 - Maintaining multiple initiatives such as Transformation and Quality Strategy (TQS), Performance Improvement Projects (PIPs), Prometheus, metrics, and Delivery System Network (DSN) or Member Engagement improvements can fragment the work and reinforce silos; it would be helpful to align such initiatives as much as possible and articulate an overall vision that explains how various initiatives correspond.
 - As initiatives are clarified or developed, we need better understanding of how other state agencies and community partners are working within or impacting these initiatives, i.e., subpopulation and episodes of care definitions in SUD; roles and responsibilities within the day placement and residential programs; and programs where the CCO is not the payer but is the coordinator.

Principles guiding these recommendations:

- Behavioral health integration needs to be system or CCO-wide; therefore, in many cases, we recommend integrating necessary BH components within the overall CCO deliverables.
- With limited system resources to invest in developing, submitting, and evaluating reports and planning documents, we need to focus on deliverables that further health transformation and benefit our collective work.

- Additionally, as community partners, individuals, and families are asked to engage across multiple deliverables, program implementation, and evaluation processes, we must make the best use of these resources.
- The desired end state is a single, streamlined, and integrated system for BH data at the provider, system, payer, and patient level. While that may be far off, we need to move in that direction.

BH Annual Report (BHAR) Recommendations:

- Most of the data requested in the BHAR is available in the DSN, Care Management Audits, and HSAG Audits.
 - OHA requested REALD data in the 2020 BHAR but REALD will now be collected in other places due to new legislation and initiatives.
 - Care management ICC reporting includes turnaround times.
 - **Question:** What does the OHA need beyond the turnaround times included in the care management ICC reporting?

Community Health Improvement Plan (CHP)

- As the CHP engages multiple community partners and providers and as the BH Directors recommend including BH specific population reporting and planning within it, we again note that 90-day guidance for a deliverable such as the CHP is not enough of a window for the needed level of engagement.

Comprehensive BH Plan (CBHP) Recommendations:

- Integrate deliverables and include CBHP population-specific components in the Community Health Improvement Plan
- Many of the data components currently requested are available in the All Payers All Claims (APAC) database

Policies and Procedure (P&Ps) Recommendations:

- Integrate BH P&Ps into overall CCO P&PS calling out specific programs, such as Systems of Care and Wraparound
- The main parts of the current BH P&P template (listed below) are covered in the DSN and CCO-wide P&Ps and reports:
 - Inclusion of individuals, youth, and families
 - Cultural and linguistic responsiveness
 - Health equity and targeted outreach & engagement
 - Access to care
 - Care coordination
 - Oversight and monitoring
 - Prior authorizations
 - Special populations (except some such as those called out in the first bullet)
- Overall: Need clarification if OHA is seeking a policy, procedure, or workflow in the guidance or template for policies and procedures. For CCOs serving multiple areas, workflows may differ slightly by region.

Evaluation Recommendations:

- Commit to no more than two rounds of submissions per deliverable (original submission and one resubmission).
 - Any feedback from the OHA after the second submission would be incorporated into the reporting/planning during the next contract year.
 - Additionally, both reviews should be done by the same OHA team in all cases possible for consistency in scoring and feedback.
 - Limit review on second submissions to the areas that warranted the resubmission in the first round.
- Include recommendations to improve or best practices in an appendix or otherwise separate documentation from the contractual scoring required for the deliverable.
- Reduce use of narrative in reporting. Quantitative data is measurable and comparable and eliminates the potential for semantics to impact evaluation outcomes.
- Restructure deliverable grading system. For instance, set a “pass” grade of 80% versus 100% and/or expand Likert scales to five points versus three.
- If members of an evaluator team arrive at different scores for the deliverable, this difference should be rectified by the OHA, so the contractor receives a final, single score for the deliverable.
- Have reviewers work in teams of SMEs and program evaluators.
- Consider what lessons may be taken from HSAG audits, i.e., technical assistance webinars on different pieces and processes and the level of clarification HSAG provides, including OARs, etc.
- Ensure that the scope of deliverable templates, requests, guidance, and evaluation align with the expectations set forth in contract and/or statute.
- Move away from "scoring" community-based plans; instead, provide feedback and suggestions on how best practices and lessons learned from similar programs or regions.