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**Call for Applications:**

**Implementation and Evaluation of an Integrated Behavioral Health (IBH)**

**Model in Pediatric Primary Care**

**Care Transformation Collaborative of Rhode Island (CTC-RI) and PCMH Kids are pleased to offer primary care practices the opportunity to apply for funding for the Integrated Pediatric Behavioral Health Initiative: “Universal Integrated Behavioral Health Screening and Treatment in Pediatric Primary Care for Children, Adolescents and Postpartum Mothers”, funded by the Rhode Island Foundation Behavioral Health Fund and Tufts Health Plan. Outlined below is the Pediatric IBH “Call for Applications” for interested pediatric/family medicine primary care practices.**

**Introduction:**

PCMH Kids is a state-wide collaborative covering 110,000 children from 37 practice sites representing ½ the children in RI and 80% of the Medicaid population. This PCMH Kids IBH initiative would be offered at 8 pediatric practice sites throughout Rhode Island which is anticipated to serve approximately 30,000 children and represent both independent practice sites and practices that are part of systems of care. Priority will be given to practices that serve vulnerable populations. This initiative recognizes and capitalizes on the fact that primary care is the logical center piece for providing effective mental health promotion and prevention because the pediatrician is the most likely medical professional that children and adolescents come in contact with during their early and adolescent years.

From 2016 to 2019, CTC-RI led an Adult Integrated Behavioral Health (IBH) PCMH project with ten adult primary care practices. Practices implemented universal screening for depression, anxiety, and substance use disorders and through on-site behavioral health clinicians, improved access to brief behavioral health intervention. CTC’s adult IBH model has shown strong outcomes in promoting better care at reduced costs.

Through this pediatric IBH initiative, CTC-RI and PCMH Kids will build on its success in implementing integrated behavioral health in adult primary care practices as well as leverage the behavioral health work done in pediatrics through our PCMH-Kids program over the past 3 years.

**Vision of CTC-RI and PCMH-Kids**

Rhode Islanders enjoy excellent health and quality of life, and children and youth will grow up healthy to reach their optimal potential. All children and youth in RI will be cared for in high quality, family and patient centered, medical homes.

**Mission of CTC-RI** **and PCMH-Kids**

To lead the transformation of primary care in Rhode Island in the context of an integrated health care system.

To engage providers, payers, patients, parents, purchasers, and policy makers to develop high quality, family and patient-centered medical homes for adults, children and youth, and provide health care in an affordable, integrated healthcare system that promotes active participation, wellness, and delivers high quality comprehensive health care dedicated to data-driven system improvement. PCMH’s for children will be cost effective and sustainably resourced.

**Strategic Goals:**

CTC/PCMH Kids: To develop, implement and evaluate a sustainable IBH model serving children, adolescent and postpartum moms within primary care settings.

Rhode Island Behavioral Health Fund: To address behavioral health (mental health and substance use) needs *before* people are in crisis.

**Pediatric Integrated Behavioral Health Objectives:**

1. To increase the identification, early intervention, and treatment of behavioral health challenges before children, adolescents and families reach crisis by implementing developmentally appropriate behavioral guidance, evidence-based screening guidelines, tools and treatment models for different populations of focus;
2. To increase ready access to brief behavioral health intervention for patients with behavioral health conditions by hiring and integrating an on-site behavioral health clinician (based on size of the practice but no less than 0.5 FTE licensed behavioral health clinician);
3. To provide care coordination for children, adolescents and families by developing a robust relationship with a community partner based on an identified population health behavioral health need;
4. To improve performance by implementing two performance improvement studies, participating in quarterly learning network meetings and having practice team members participate in monthly planning meetings that are facilitated by the pediatric IBH practice facilitator.

**CTC-RI Support to practice**

CTC-RI will provide support to Practice as follows:

1. Minimum infrastructure payment of $18,000, in two installments, that practices can use to off-set costs associated with on boarding behavioral health clinician, developing coding and billing mechanisms needed for sustainability and costs associated with non-billable time; larger practices may be eligible for additional infrastructure payment.
2. Eligibility for up to $10,000 in incentive payments based on meeting service delivery requirements and screening rate thresholds;
3. Two years of monthly on-site consultation from a trained Pediatric Integrated Behavioral Health Practice Facilitator;
4. Quarterly learning collaborative with content experts and best practice sharing from other practices participating in IBH initiative;
5. Data management support in evaluating outcomes and utilization.

Practices would select, implement and report on three out of five standardized evidence-based screening measures based on the populations of focus most relevant to the practice site. CTC will provide practices with measurement specifications that practices will apply when reporting screening outcomes. Payment will be prorated based on percentage of targets met. CTC will make incentive payment to the practice at the end of Start-up Year (Year 1) and the end of Performance Year (Year 2). CTC reserves the right to delay/withhold payments if Practice fails to meet any of the practice requirements.

Populations of Focus:

1) Depression: PHQ-A(adolescent)

2) Anxiety: GAD-7 (adolescent)

3) Substance use: CRAFFT or CAGE-AID (adolescent)

4) Middle childhood: Pediatric Symptom Checklist

5) Postpartum depression: Edinburgh Postnatal Depression Scale.

Screening Rate Thresholds

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Depression | Anxiety | Substance use | Middle childhood | Postpartum screening |
| **End of Startup Year 1** | 60% | 40% | 40% | 40% | 40% |
| **End of Performance Year (Year 2)** | 75% | 60% | 60% | 60% | 60% |

**CTC /PMCH Kids IBH Funding Details:**

There will be two IBH cohorts, each with 4 practices, servicing an anticipated combined attributed patient population of approximately 30,000 children and adolescents. Each practice will be eligible for two years of funding to support IBH efforts.

Cohort 1: July 2019-June 2021 (with expectation that practice will participate in July 2019 Orientation Program, quarterly learning network meetings (through March 2022 and collect and submit data through March 2022)

Cohort 2: April 2020-March 31, 2022 (with expectation that practices will participate in July 2019 Orientation Program and quarterly learning network meetings (starting in September 2019 through March 2022 and submit data starting in May 2020 through March 2022.

Each Cohort will have a phased Start-up (Year 1) and a second Performance Year (Year 2) implementation schedule with each year having defined program expectations. Funding in Startup Year 1 is designed to support IBH infrastructure development with incentive payment based on meeting initial threshold screening targets and service delivery requirements, and funding in Performance Year (Year 2) is designed to provide incentive payment based on achieving a higher level of threshold performance, initiating a community based performance improvement initiative around a practice identified population health gap in care and meeting Year 2 service delivery requirements.

**Prerequisites:**

* Team completion and submission of [Maine Health Access Evaluation Tool](https://www.ctc-ri.org/sites/default/files/uploads/MEHAF.pdf) with application;
* EHR system that can support a shared BH documentation, care plan and billing with submission of sample screening report with application;
* [Executed Letter of Support from System of Care](https://www.ctc-ri.org/sites/default/files/uploads/SOC%20letter%20of%20support%20Pediatric%20IBH.docx) indicating anticipated support for initiative (i.e. IT support for practice reporting, behavioral health documentation templates, business management support for implementing billing codes;
* NCQA patient centered medical home recognition (or intent to obtain within 1 year)

**Practice Requirements:**

**IBH Start-Up (Year 1):**

* Participate in Orientation Program and quarterly participation in quarterly webinar/live learning events;
* Identity team membership (to include provider champion, nurse care manager/care coordinator, behavioral health clinician (if hired) and practice/office manager; host monthly on-site IBH practice facilitation-initial meeting within 30-45 days of start of program;
* Develop a staffing plan for patients to be able to access BH assessment/treatment with same day to 48-hour access and post behavioral health clinician position if not already in place within 2 months;
* Select three out of five populations of focus and identify mechanisms within the electronic health record for being able to capture and report screening rates and provide baseline within 2 months;
* Establish billing systems that will allow for the billing of BH services and/or establish supervision of BH interns (within three (3) months of start date of IBH clinician or award notification if IBH clinician already hired);
* Hire behavioral health (BH) staff if not already in place with a staffing ratio between 0.5-1.0 FTE’ s depending on practice size with staff ready to see patients within 4 (four) months of award notification;
* Establish IBH workflows including roles and responsibilities for screening protocols, implementing warm hand-offs and care coordination of referrals when external behavioral health resources are needed (within six (6) months of award notification);
* Implement program identified evidence-based screening tools for 3 out of 5 populations of focus within six (6) months of award notification and provide quarterly reports;
* Submit an AIM statement and performance improvement (PI) plan for improving screening rates within nine (9) months (or other relevant PI study if practice is meeting screening thresholds for three of the selected populations of focus);
* Complete [Maine Health Access Evaluation Tool](https://www.ctc-ri.org/sites/default/files/uploads/MEHAF.pdf) at completion of the one year.

**IBH Performance Year (Year 2):**

* Execute Memorandum of Agreement with PEDI PRN (if not already in place) and MOMS PRN (if available) within month 1;
* Submit an updated performance improvement outcome plan for increasing screening rates by month three (3) (or other relevant PI study if already meeting screening thresholds);
* Demonstrate use of registry report which provides information on initial screening results for selected behavioral health condition and follow up screening result post intervention by month four (4);
* Submit an AIM statement performance improvement (PI) plan for addressing a population health need that can be addressed through improved connections to community resources by month six (6);
* Submit an updated AIM statement and performance improvement (PI) outcome based on implementing the community resource intervention by month twelve (12);
* Complete [Maine Health Access Evaluation Tool](https://www.ctc-ri.org/sites/default/files/uploads/MEHAF.pdf) at completion of the year 2.
* Continue to meet monthly with on-site IBH practice facilitator, attend quarterly learning network meetings and submit quarterly screening results.
* Participate in interview process as part of the qualitative research study.

**Timeline for Selection Process:**

|  |  |  |
| --- | --- | --- |
| **Step** | **Activity** | **Date** |
| 1 | CTC releases “Call for Applications” for Pediatric IBH Initiative | May 24, 2019 |
| 1 | Conference call with interested parties to answer any questions.  Call-in number: 508-856-8222 code: 4614 (12 noon) | June 4, 2019 |
| 2 | Submit letter of intent to apply electronically to:  [ckarner@ctc-ri.org](mailto:ckarner@ctc-ri.org) (optional; not required) | June 7th, 5pm |
| **3** | **Practices submit completed application package- electronically to: ckarner@ctc-ri.org;**  **Please include application checklist.** | **June 19th, 5pm** |
| 4 | A Selection Committee will meet to review submitted applications. | June 20-26, 2019 |
| 5 | Final recommendations to CTC Board of Directors | June 28, 2019 |
| 6 | Notification will be sent to practices that have been chosen | June 28,2019 |
| 7 | Orientation for newly selected practices (both Cohort 1 and Cohort2)  7:30-9:00 am | July 11,2019 |

**For questions contact:**

Carolyn Karner, CTC PCMH Kids Project Coordinator

(ckarner@ctc-ri.org)

T: 978-852-2250 Fax: 401 871-9048

**Application Package Submission Checklist**

**IBH application: practices submit application by 6/19/19;**

|  |  |
| --- | --- |
| **Check if complete** | **Item** |
|  | (optional) Submit letter of intent to apply electronically to Carolyn Karner, Project Coordinator(ckarner@ctc-ri.org)  Letter to include: practice name, practice address, physician champion, practice leadership person, application key contact name of person responsible for project implementation, email address, and phone. If a multi-site practice, indicate physician champion at each site. |
| Final Package for Submission | |
|  | Cover [letter indicating the practice’s commitment](https://www.ctc-ri.org/sites/default/files/uploads/Sample%202019%20Pediatric%20IBH%20practice%20letter%20of%20support.docx) and acceptance of the conditions stated in the application, **signed by all members of the IBH implementation team in the practice.** |
|  | *Prerequisite # 1:* Copy of current NCQA Recognition; |
|  | *Prerequisite # 2:* Copy of team completion of [Maine Health Access Tool](https://www.ctc-ri.org/sites/default/files/uploads/MEHAF.pdf) **(one per site needed).** |
|  | *Prerequisite #3:* Executed [Letter of Support from System of Care](https://www.ctc-ri.org/sites/default/files/uploads/SOC%20letter%20of%20support%20Pediatric%20IBH.docx) |
|  | *Prerequisite #4:* Sample standardized population health report |
|  | Application Form filled out completely |
|  | Written response to three essay questions |
|  | Completed Application Package Checklist |

**Completed application packages – including completed checklist - should be received by 5:00 PM on 6/19/19.**

**Email application package to: ckarner@ctc-ri.org**

**For questions, contact:**

Carolyn Karner, Project Coordinator

(ckarner@ctc-ri.org)

Telephone: 978-852-2250

**Application for IBH Pediatric Pilot Program**

**Practice Information**

Practice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Zip \_\_\_\_\_\_

Phone: \_\_\_-\_\_\_-\_\_\_\_

Practice Tax ID Number (TIN): \_\_\_\_\_\_\_\_\_

Type of Practice (e.g. Pediatric, Family, FQHC, Hospital-Based Clinic) \_\_\_\_\_\_\_\_\_\_

Multisite practice: Yes/No\_\_\_\_

(If yes) Identify other practice sites: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Single site applying with other primary care practices: Yes/No\_\_\_\_

(If yes) Identify other practices: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Champion Contact

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Leader who will be responsible for project implementation:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_-\_\_\_\_-\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **List name and NPI number for all Practitioners (MDs, DOs, NPs and PAs):** | | | |
| Name | NPI# | Name | NPI# |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Practice Payer Mix:** | | | | | | |
| Payer | Number of Pts | % of Total Practice | Payer | Number of Pts | | % of Total Practice |
| Tufts Commercial |  |  | NHP-RI |  | |  |
| BCBSRI |  |  | Tufts Managed Medicaid |  | |  |
| United Commercial |  |  | United Managed Medicaid |  | |  |
| Insured Other |  |  | Uninsured |  | |  |
|  |  |  | Medicaid FFS |  |  | |
| Total |  |  | Total |  |  | |

**Application**

**Prerequisites:**

1. Does your practice currently have PCMH NCQA Recognition? Yes/no

Year \_\_\_\_\_\_\_\_ Expiration date: \_\_\_\_\_\_ please provide copy with application;

1a. If your practice does not have NCQA currently but plans to obtain, what is the anticipated date?

2. Has the practice team completed the [Maine Health Access Evaluation Tool](https://www.ctc-ri.org/sites/default/files/uploads/MEHAF.pdf) for your practice? Yes/No

Total Score: \_\_\_\_\_\_\_\_\_ please provide self-assessment with application;

3. Does the EHR system have the capacity to bill for BH services? Yes/No

If no, indicate plan for offsetting BH costs or billing for BH services.

Electronic Health Record: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

Indicate plans if your practice is anticipating changing electronic health systems within the next two years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a copy of a sample standardized population health report (or screen shots demonstrating system capacity to generate practice reports).

4a. Does your practice have an attributed patient panel size of 5,000 or more patients? Yes/No

Total attributed patient panel size: \_\_\_\_\_\_\_\_\_; if less than 5,000 attributed patients, indicate practices that you will work with, together with practice attributed lives (or with a minimum of 2,500 attributed patients with 0.5FTE staffing plan:

|  |  |  |
| --- | --- | --- |
| **Practice** | **Location** | **Patient attributed lives** |
|  |  |  |
|  |  |  |

5a. Is your practice part of a system of care? If yes: indicate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide an executed System of Care Letter of Support indicating how the system of care will provide support ([see sample letter of support](https://www.ctc-ri.org/sites/default/files/uploads/SOC%20letter%20of%20support%20Pediatric%20IBH.docx)).

1. Which Cohort would you prefer to participate in?

Cohort 1: Begins July 2019\_\_\_

Cohort 2: Begins April 2020\_\_\_

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application**

**Additional Application Information**

1. Does your practice currently employ a BH staff member(s)? Yes/No\_\_\_\_\_\_\_

If yes, please complete chart below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | # of people | Hours per week | Contract or employee | Co-located or integrated |
| Psychologist |  |  |  |  |
| LICSW |  |  |  |  |
| Licensed Social Worker |  |  |  |  |
| Nurse Practitioner (Psychiatric) |  |  |  |  |
| Psychiatrist |  |  |  |  |
| Other |  |  |  |  |

2. Does your practice presently have a compact for community BH? Yes/No\_\_\_\_\_

If yes, indicate organizations you have a compact with:

1. Name of organization/person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate behavioral health conditions that are covered in the compact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of organization/person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate behavioral health conditions that are covered in the compact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Has your practice previously participated in an IBH training program? Yes/No\_\_\_\_\_

If yes, please describe the program and results:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** | **Comment** |
| If your practice does not have IBH clinician in place (0.5-1.0 FTE depending on practice size) can you hire and be ready to start working with IBH staff within 4 months of award notification? |  |  |  |  |
| Can you develop an IBH staffing plan within 2 months for patients to be able to access IBH services with same day to no later than 48-hour access from original referral? |  |  |  |  |
| Can you establish billing systems for billing of IBH services within 3 months? |  |  |  |  |
| If planning to hire non-independently licensed IBH providers, can you establish supervision of these individuals? |  |  |  |  |
| Can 3 evidence-based screening tools for selected populations of focus be in place for all patients annually within 6 months of award notification? |  |  |  |  |
| For the three evidence-based screening tools your practice selects, can the PHQA (depression), GAD7 (anxiety) and CRAFFT or CAGE-AID (alcohol and drugs), Pediatric Symptom Checklist (Middle Childhood) Postpartum depression (Edinburgh Postnatal Depression Scale) be primary tools used? *If no, please justify rationale for using other screening tools in the essay section.* |  |  |  |  |
| Can baseline reports be provided on 3 out of the 5 populations of focus selected within 2 month of award notification? |  |  |  |  |
| Can monthly practice registry reports on screening results (initial and follow-up as indicated by score on initial) occur by Year 2 month 4? |  |  |  |  |
| Can patients be re-screened within 6 months of initial screening if score on any screening is in moderate-severe range? |  |  |  |  |
| Can the practice agree to monthly on-site IBH consultation over 2 years with a minimum of physician/clinical IBH champion, nurse care manager, IBH provider, administrative/operational liaison, and IT professional present (as applicable)? |  |  |  |  |
| Can the practice commit to monthly team meetings separate from the IBH consultation meetings as a way to follow through with recommendations made by consultant and engage all team members? |  |  |  |  |
| Does site have a workflow in place for management of high-risk/high-utilizer patients with behavioral health conditions? |  |  |  |  |
| If the site does not have a workflow in place for management of high-risk/high-utilizers patients with behavioral health conditions is there a commitment to creating one? |  |  |  |  |
| If there is no agreement with PEDI PRN, is there a commitment to obtain by Year 2, month 1? |  |  |  |  |
| Can the practice track and coordinate care of referrals to specialty mental health to report whether first appointment occurred? If not, can practice assist in identifying barriers to specialty mental health referral and track? |  |  |  |  |
| Based on an identified BH services gap in care, you recognize in your practice, would you be able to work with a community resource to improve care coordination in Year 2? |  |  |  |  |

**Essay Questions:**

**Please provide a response to each question (limit responses to a maximum of 500 words per question)**

1. The goal of this CTC-RI and PCMH Kids opportunity is to help practices transform into PCMHs with a strong IBH infrastructure by either hiring IBH providers or training current IBH providers within evidence-based models of integrated care that align with primary care transformation. Please describe the behavioral health population goals you would most like to address in your practice, and how you anticipate using the funding and support to achieve those goals.
2. One of the qualities of successful IBH practices in the PCMH model is strong physician and/or organizational leadership with commitment to practice transformation and broad support from practice team.
   1. Please describe the physician, NCM and top organizational leadership commitment to IBH transformation in your practice.
   2. Please describe the qualifications and commitment of the person who will be designated as project manager for this project.
   3. Is there broad support from all providers (including NCM/Care Coordinator, behavioral health) in the practice? If not, what do you think are the factors contributing to this?
   4. Identify up to three potential barriers to achieving desired outcomes and how do you anticipate addressing these challenges?
3. Based on the results of the baseline Maine Health Assessment Tool, what are the top three areas you would like to target with the support of the IBH consultant

**CTC-RI Selection Committee Policy and Procedure (2019)**

We anticipate that we may have more applications than available slots, therefore it is critical that applications for participation in CTC-RI IBH Pilot Project be reviewed and scored in an objective, fair, and transparent manner. The following reflects CTC’s policy and procedure for application review:

**Conflict of interest:**

Reviewers must disclose any potential conflict of interest related to a specific applicant. A conflict of interest is defined as a real or potential monetary benefit or having an organizational affiliation with the applicant. The Selection Committee will discuss the potential conflicts of interest and make a determination of whether a conflict of interest exists. If so, the reviewer must recuse themselves from the review of that application.

**Selection Committee Group Process for Review of Total Scores:**   
The Selection Committee will convene in June 2019, when a primary and secondary reviewer will present and discuss the rationale for scoring. The group will then discuss the ratings to reach consensus on application scoring. Final scores will be entered into a spread sheet, totaled and divided by the number of scores to reach a mean score for each criterion and an overall total score for the application. Once this process has been completed for all applications, the applications will be rank ordered by anticipated developmental stage. *The Selection Committee reserves the right to interview applicants if further review is warranted.*

**Review Criteria:**   
All reviewers will read and score each application independently using the scoring form and criteria established by the CTC Selection Committee. Reviewers will submit their scores to CTC Management in June 2019. CTC Management will compile all scores into one table per application with a total number of points. The maximum number of points is 70. Applications will be rank ordered by anticipated developmental stage.

We anticipate that we will select up to 8 practice sites. These practices will enter CTC in Stage 1-Start-Up and be assigned to Cohort 1 or Cohort 2.

In the event of a tie, the following criteria will be used:

1. Completion of application; submitted on time and complete;
2. Number of Medicaid members-priority will be given to practices that serve vulnerable populations;
3. Diversity in patient demographics; and/or
4. Previous experience with IBH model-practice can serve as a mentor.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NCQA (max 2)** | **Score** |  | **EHR Capacity (max 9)** | **Score** |  | **% Medicaid (max 2)** | **Score** |
|  |  |  |  |  |  |  |  |
| NCQA achieved | 2 |  | Ability to bill for BH services | Add 1 point |  | <10 | 0 |
| NCQA not achieved but anticipated within 12 months | 1 |  | Registries for depression | Add 1 point |  | >10 | 1 |
|  |  |  | Registry for anxiety | Add 1 point |  | >30% | 2 |
|  |  |  | Registry for SUD | Add 1 point |  |  |  |
|  |  |  | Registry for Pediatric Symptom Checklist | Add 1 point |  |  |  |
|  |  |  | Registry for Edinburgh | Add 1 point |  |  |  |
|  |  |  | Standard plus custom reporting capability | Add 1 point |  |  |  |
|  |  |  | Designated staff/support | Add 1 point |  |  |  |
|  |  |  | Tracking referrals to specialty mental health capacity | Add 1 point |  |  |  |
| **# Providers/ Patients (max 3)** | **Score** |  | **CurrentCare (max 1)** | **Score** |  | **BH (max 6)** | **Score** |
| <2500  attributed patients | 0 |  | No plans to use | 0 |  | No experience with BH | 0 |
| 2500-3000  attributed patients | 1 |  | Enrolling patients, using viewer or hospital alerts or has direct account | 1 |  | Some experience with embedded or co-located BH | 1 |
| 3001-4999  attributed patients | 2 |  |  |  |  | Extensive experience with embedded, co-located, or integrated BH in practice | 2 |
| >5 FTE and >5000 attributed patients | 3 |  |  |  |  | Compacts in place (inclusive of meeting needs of patients with serious BH/SUD needs) | Add 1 point |
|  |  |  |  |  |  | PEDI PRN agreement in place | Add 1 point |
|  |  |  |  |  |  | Psychiatry consultation in place | Add 1 point |
|  |  |  |  |  |  | BHC currently working in practice | Add 1 point |
|  |  |  |  |  |  |  |  |

**Reviewer Scoring Notes**

1. NCQA: A total of 2 points are available. Practice must complete [Maine Health Access Tool](https://www.ctc-ri.org/sites/default/files/uploads/MEHAF.pdf). Assign 2 points if NCQA achieved and 1 point if anticipated to be obtained within 12 months;
2. # of Patients: A total of 3 points are available. Assign 0 points for practices with less than 2500 patients; assign 1 point if 2500-3000attributed patients; 2 points if 3001-4999 attributed patients; and 3 points if greater than 5 FTEs, and greater than 5000 attributed patients.
3. EHR Capacity: A total of 9 points are available.
4. CurrentCare: A total of 1 point is available. Assign 0 points for practices without plans to use Current Care. Add 1 point if enrolling patients, using Hospital Alerts, using CurrentCare Viewer, or has Direct account.
5. % Medicaid: A total of 2 point is available. Combine percentage of Managed Medicaid and Medicaid FFS
6. BH: A total of 6 points are available. Assign 1 point if practice has some experience with embedded or co-located BH; Assign 2 points if practice has extensive experience with embedded, co-located, or integrated BH in practice; Add 1 point each for the following: compacts in place, PEDI PRN agreement in place, BHC in place.
7. Essay Questions: A total of 10 points is possible for each question. 2 points if question answered; an additional 2-3 points if response demonstrated organizational interest/commitment and moderate degree of readiness; additional 4-5 points for above average response suggesting that the practice has high degree of readiness, has begun transformation work and is making progress towards IBH transformation.

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| **Reviewers Score Sheet** | | | | | | | | | | | | | | |
|  | Prerequisites (check if met) | | | | Application Questions | | | | | | Essay Questions | | |  |
| App # | PR 1 | PR 2 | PR 3 | PR 4 | NCQA  *(max 2)* | # of Prov/ Pt (max 3) | EHR Cap  (max 9) | CurrCare  (max 1) | % Medicaid  (max 2) | BH  (max 6) | E #1 *(max 10)* | E #2 *(max 10)* | E #3  *(max 10)* | **Total**  ***(max 53)*** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **16** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **17** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **18** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **19** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **20** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |