FY20 Request for Contract

Name of Program/Services:  Value Based Contract Pilot Family Engagement Services/PRTF

Description of Services
Family Engagement Services providers and New Hope Treatment Centers will partner with Alliance Health to implement a value-based contract that centers improving the clinical efficiency of the PRTF service line. With the exception of Sexually Aggressive Youth and individuals admitted to LEAP, a PRTF admission at New Hope will be considered an episode of care that includes New Hope and contracted family treatment providers working together with the child and family throughout the PRTF length of stay, including the 30 days prior to admission.

Target Population:
Children and adolescents recommended for PRTF admission to the New Hope Treatment Center. The PRTF environment is designed for children whose mental health condition is not amenable to treatment outside a highly specialized, staff-secure, therapeutic environment under daily supervision of a treatment team, including nursing, and 24-hour access to a psychiatrist; children who no longer meet criteria for inpatient acute care/hospitalization and require a less restrictive environment; and/or children who have been placed in a community residential setting and require a more intensive treatment program. This VBC will cover Cumberland or Durham members referred for FES services.

Clinical Intervention Requirements:
Youth Villages will use a Modified Intercept model as their expertise in Family Engagement Services and the Value Based Contract with Alliance Health.

This model includes:
- Initiate Family Engagement Services 30 days prior to Admission (according to their approved protocol)
- Complete the Family assessment
- Utilization of evidence-based family focused therapy
- Parental education and skill building
- Coordination of intake, care and discharge needs with the PRTF
- Assist in discharge planning with PRTF, additional service providers and the child and family
- Case Coordination/Case Management
- Implement Child and Adolescent Needs and Strengths tool (CANS) (at admission and discharge)
• Begin discharge planning, inclusive of coordinating with home school system/LEA to arrange educational strategies upon discharge and interventions while child is in the facility;
• Continue Family Engagement Services upon discharge from PRTF
• Begin full Intercept at time of PRTF discharge

**Balanced Metrics for Performance-Based Incentive Payments**

- Reduction in overall LOS during 1 year measurement period. *ALOS stay target is 90 days.*
- Decrease overall days by at least 952 days or more- New Hope PRTF: 8813 Bed days, including therapeutic leave for the time period of 5/1/2018-4/30/2019
- At least 80% of children will have stable community tenure at 90 days post discharge from the PRTF, measured by absence of inpatient, PRTF and unplanned residential treatment
- Greater than 80% of members receive face to face contact with the FES provider within 3 days of discharge from PRTF
- 80% of members will have evidence of weekly family treatment (FES provider) within 2 weeks of admission

Outcome measures will be reviewed on a quarterly basis to determine their continuation in the pilot.

To gather baseline data for inclusion next fiscal year:

**Reporting Requirements:**

Please submit the CANS tracking spreadsheet to Alliance Provider Network Evaluation at PNDPROVIDERREPORTS@alliancehealthplan.org. Provider must include in the subject line of electronic submission the name of the Provider and the specific program for which data is being submitted. All data is due quarterly no later than the 10th of the month following the end of each quarter (the 10th of October, January, April and July).

Provider must submit encounter claims for the duration of the treatment period and be prepared to provide additional data, reports and data analysis within timely manner and upon request. Alliance shall obtain data from triage/screening, approved authorizations, claims, NC TOPPS, survey results, provider reports and other means to verify fidelity, efficacy, quality and satisfaction with services being provided.
The provider must also document its efforts to identify areas for improvement, implement Quality Improvement Projects (QIPs), and analyze the results of its quality-improvement efforts.

Upon Alliance’s request, the provider must submit all documentation related to its QM program and other quality-related activities.

**Utilization Management:**
No prior authorization is required for this service.

**Finance:**
Family Engagement Services will be paid in accordance with the agreed upon reimbursement rate in this contract. The community-based family treatment provider is eligible to receive 15% of shared savings derived through a percentage of total bed day reduction during the measurement year. In order to receive shared savings bonus, the quality measures listed above must be met. The baseline bed days are derived from a 12 month measurement period date May 1, 2018 through April 30, 2019.

- Shared savings will be calculated and paid twice during the measurement year. The first payment will be based on a 6 month comparison of bed days saved from the period July 1, 2019 through December 31, 2019 compared to the May 1, 2018 through October 31, 2018 prior measurement period. The payment will be made by January 31, 2020. The second calculation will be a true up that calculates for total bed day savings during the year compared to the measurement year, adjusted to account for payment made at the initial measurement period. Payment will be made by August 31, 2020.

- New Hope PRTF: 8813 Bed days, including therapeutic leave for the time period of 5/1/2018-4/30/19

FES Modifier Code: H0036 U3 HKFE
Rate: $1,800.00/month
FES Unit= 1 month with maximum of 4 months authorized

**Alliance Health**
Attention: Accounts Payable
5200 West Paramount Parkway, Suite 200
Morrisville, NC 27560
AccountsPayable@AllianceHealthPlan.org

Start Date: July 1, 2019
End Date: June 30, 2020