Community Providers Association
Caring for Connecticut.

Revised Details: 2/13/12

CCPA 2012 Healthcare Reform Series: Preparing for Integrated Care Models

Presented by MTM Services, LLC

9:00 am - 4:00 pm

CCPA Office
35 Cold Springs Road; Suite 522
Rocky Hill, CT 06067

Coffee, Continental Breakfast & Registration begin at 8:30 am.

NEW! Each session has been approved for Continuing Education Credit Hours by the National Association of Social Workers, CT and meets the continuing education criteria for CT Social Work Licensure renewal.

February 21, 2012: **Starting at the Gate-Strategies for Transformational Change**
a. Internal utilization management functions including credentialing support for clinical staff, pre-certs, authorizations and re-authorizations and referrals to clinicians credentialed on the appropriate third party panels
b. Payor mix enhancement and guidelines
c. Need for rapid access to care

March 28, 2012: **Implementing Worthwhile Collaborative Documentation**
a. Collaborative concurrent documentation models and processes
b. Follow up Internet support – two hours twice a month for four months

April 25, 2012: **Establish the Capacity You Need While Working to Appropriately Engage Clients**
a. Design and implement re-engagement/transition procedures for current cases not actively in treatment
b. Centralized schedule management including will call and back fill support
c. No Show/Cancellation Management including Scheduling Templates, and Engagement Specialist

May 30, 2012: **Essentials for Integrated Healthcare Entities**
a. Quality improvement (QI) infrastructure
b. Treat to target clinical focus
c. Healthcare neighbors
d. Value-based purchasing and new payment models

See inside for more detailed session descriptions!

Who Should Attend:
CEOs, CFOs, VPs, Clinical Directors, Compliance and QA Officers

Registration Includes:
2 attendee seats for each session
Continental breakfast and lunch for each day
16 hours of follow-up internet support related to the March 28th session
Materials and handouts

CCPA Members: $2,000 per agency **Nonmembers:** $2,500 per agency
OR
CCPA Members: Register for à la carte sessions at $325 per person
Nonmembers: Register for à la carte sessions at $399 per person

CCPA 2012 Healthcare Refom Series: Preparing for Integrated Care Models

About the Sessions

February 21, 2012
Starting at the Gate: Strategies for Transformational Change
Presented by: Michael Flora

Behavioral Healthcare providers are being required to transform their organizations from community mental health centers to large specialty group practices in order to meet the dynamic needs of a changing healthcare delivery and payor system. The challenges facing many organizations today is meeting the need for change at the speed necessary to remain relevant. Other significant challenges providers are facing include:

- Revenue Generation Diversification
- Engrained in a Program Focus Rather than a System Focus
- Timely employee buy-in needed to meet the new ways of service delivery
- Competition from Allied Healthcare
- FQHC
- Primary Care
- Privates
- Shrinking Margins
- Compliance issues

To overcome these obstacles, providers must incorporate internal utilization management functions, such as: credentialing support for clinical staff, pre-certifications, authorizations and re-authorizations for service delivery and referrals to clinicians credentialed on the appropriate third party panels. In addition, providers must review their current payor mix in order to gain the necessary resources to continue to meet the needs of a growing community, as well as operate more like allied healthcare with rapid same-day access to care.

Training Focus Areas:

This full day training is designed to help attendees to implement the needed skills to transform their organizations into a large single specialty group practice and meet the needs of healthcare integration. Topic areas include:

1. Internal utilization management functions including credentialing support for clinical staff, pre-certs, authorizations and re-authorizations and referrals to clinicians credentialed on the appropriate third party panels
   - Review and develop internal utilization management protocols and procedures
   - Develop authorization and re-authorization protocols to assure appropriate level of care and service delivery are maximized to meet payor and consumer needs
   - Develop panel development to enhance referrals to credentialed clinicians
2. Payor mix enhancement and guidelines
   - Review market share and payors in your market
   - Understand who are your customers now and in the future
3. Need for rapid access to care
   - Develop protocols for same day access to care to increase consumer engagement

Learning Objectives:
Participants will gain a better understanding of:

About the Sessions

1. The relationship between current operations and the need for transformational change
2. The behavioral healthcare supply chain and how to maximize revenues to meet growing consumer demand in light of decreased state and local funding
3. The elements of Utilization Review and Utilization Management: it's not just peer review any more.
4. Referral and resource management in the new healthcare market place
5. How open access to care increases consumer engagement and decreases no shows
6. Develop a 45-day work plan to address needed areas of transformational change.

March 28,2012
Implementing Worthwhile Collaborative Documentation
Person Centered, Outcome Focused, Compliant, Efficient
Presented by: Dr. Bill Schmelter

Collaborative Documentation, often referred to as Concurrent Documentation, is a process in which clinicians and clients collaborate in the documentation of the assessment, service planning, and ongoing client-practitioner interactions.

Fundamental to the successful implementation of the collaborative documentation process is an understanding that assessment and service planning are clinical processes, not forms, and that the documentation of these activities as well as of client-therapist interactions (progress notes) should add value to the clinical process and positive outcomes. For documentation to be "worthwhile" it should support:

1. Effective, outcome focused, person-driven services
2. Compliance
3. Efficiency

Collaborative Documentation effectively supports all three of these above areas and has been demonstrated to have high levels of positive client response.

Training Focus Areas:

This full day training is designed to help attendees to implement Collaborative Documentation in a way that creates capacity (saves time) but more importantly, creates a meaningful clinical narrative that supports person-centered, outcome focused services, and compliant services and documentation. Topic areas include:

- Healthcare reform context for Collaborative Documentation
- The relationship between compliance and quality
- Medical necessity and documentation linkage as it relates to Collaborative Documentation
- Collaborative Documentation support for person-centered/ driven services
- Sources of resistance to Collaborative Documentation
- Benefits of Collaborative Documentation
- Core elements of the assessment that support Worthwhile Collaborative Documentation
- Core elements of the treatment/service plan that support Worthwhile Collaborative Documentation
- Core elements of the staff-client interaction/Progress notes that support Collaborative Documentation
- Implementation strategies and challenges
- Common questions and discussion of implementation in various settings and modalities

Schedule of follow-up internet support sessions to come.

About the Sessions

Learning Objectives:

Participants will gain a better understanding of:

1. The relationship between documentation, compliance, and clinical quality
2. The two phases of medical necessity and the importance of documentation linkage
3. Basic elements of person centered and person driven strategies that support Collaborative Documentation in their clinical work and documentation
4. Assessment, treatment planning and interaction/progress note strategies that support worthwhile Collaborative Documentation
5. Collaborative Documentation – benefits, obstacles, and implementation strategies

April 25, 2012
Establish the Capacity You Need While Working to Appropriately Engage Clients
Presented by Scott Lloyd

In *MTM Services, LLC's* work with hundreds of organizations around the country, one of the most common challenges ties to the difficulty that agencies have when trying to appropriately balance the engagement of their clients. Whether the challenge is tied to liability concerns, paperwork issues, and/or a lack of tracking systems or consistent rule accountability, without the proper action to address the problem, organizations will struggle when trying to accomplish their engagement goals and allow clients to continue disengaging until they are ultimately lost.

To help teams create the efficiency needed for rapid access and/or integrated models, we must proactively establish guidelines and tools that allow us to appropriately engage our clients. In addition, we must know when it is necessary to draw a line to protect our service delivery systems.

Training Focus Areas:

1. Design and implement re-engagement/transition procedures for current cases not actively in treatment.
2. Centralized schedule management including will call and back fill support
3. No Show/Cancellation Management including Scheduling Templates, and Engagement Specialist

Learning Objectives:

1. Learn how to use policies and procedures that work to accomplish your engagement goals
2. What to do when your best efforts don't succeed
3. Establish who should be managing your schedule, and establish the rules to make it work
4. Learn how to manage a schedule versus simply having a schedule
5. What to expect from your scheduling software
6. Strategies to eliminate No Shows/Late Cancels, including how, when, and who should do the work

About the Sessions

May 30, 2012
Essentials for Integrated Healthcare Entities
Presented by: David Lloyd

Significant changes lie ahead for the financing and accountability of community behavioral healthcare. Whether through insurance exchanges, co-ops, or expansion of Medicaid managed care, healthcare reform will drastically shift financing of uninsured populations to public-private partnerships that build upon commercial insurance products. The National Council estimates that market expansions could increase the number of individuals expecting services from America's public mental health system by an astounding 50 percent. In addition, with implementation of the new Parity law occurring in parallel with healthcare reform activities, we can expect the Administration and Congress to be utilizing all opportunities to introduce greater accountability into the healthcare system, while promoting initiatives that increase efficiency and reduce variations in care.

A central focus of National Healthcare Reform will be to bend the cost curve for primary and specialty services. Several identified integrated service delivery models incorporating shared provider risk and outcome incentives are identified in the Accountable Care Act of 2010 including health homes and accountable care organizations (ACOs). Health homes and ACOs along with the new parity law will create a new focus on the importance of addressing behavioral health services in order to address the higher primary and specialist medical costs for persons with MH/SU/DD diagnoses and related co-occurring disorders.

Community Behavioral Healthcare Providers (CBHOs) can have an opportunity to be helpful partner in the new service delivery models ***if*** CBHOs have the capacity to provide "Value" as outlined below:

1. Be Accessible (Fast access to all needed services)
2. Be Efficient (Provide high quality services at lowest possible cost)
3. Electronic Health Record capacity to connect with other providers
4. Focus on episodic care needs/bundled payments
5. Produce Outcomes!
   - Engage clients and natural support network
   - Help clients self-manage their wellness and recovery
   - Greatly reduce need for disruptive/ high cost services

Training Focus Areas:
The full day training will provide an opportunity for attendees to focus on the important areas of service delivery that will provide the maximum value to new integrated healthcare entities, such as:

1. Quality Improvement Infrastructure:
   - Quality improvement (QI) infrastructure as a part of organizational structure not a separate department
   - Quality improvement efforts need to shift from QI focus to CQI focus
   - Well-developed quality management processes for CQI, risk management and resource utilization
   - Data support needed for to support having outcomes to our outcomes.
2. Value-based Payment Reform:
   - Paying for "Value" instead of "Volume" - opportunities and risks related to various models
   - Pay for Performance (P4P), bundled rates, case rates, shared savings, mix of FFS/grants/bundled case rates
   - Consumer incentives for disease management (reduced cost-sharing if involved with coordinated services), etc.

About the Sessions

3. Healthcare Homes/Neighbor
   - Opportunities for CBHO's for Person-centered healthcare homes (or "neighborhoods")
   - Operationalizing various types of partnerships with health centers/primary care
   - Roles for CBHO's and staff
   - Bi-directional integration concepts
4. Treat to Target:
   - Introduce concept including bundled/episodic services approach
   - Focus clinical interventions on key measurable goals
   - Use of validity measures to support outcomes achieved (Examples: PHQ-9, DLA-20, 10x10 health risk variables, medication adherence, specific functional areas)
   - Match intervention(s) and level of care to specific assessment data

Learning Objectives:

1. Learn how to use CQI vs. QI processes to support systems learning
2. Learn how to utilize data to support outcome measurement
3. Learn how to utilize service process measurement tools to assist in quality improvement support
4. Learn how to respond to a Value-Based payment model that focuses on paying for value instead of paying for volume of services
5. Learn how to identify an episodic treatment need to support a case rate or bundled payment methodology
6. Learn how to become a good healthcare neighbor to appropriately support integrated service delivery entities
7. Learn how to focus on treat to target service delivery and learn the outcomes being achieved with these new approaches
8. Learn how to use a rapid cycle change model to support transformational change needs
9. Cite outcomes from other CBHOs nationally who have utilized Accountable Care Service Delivery principles

This series has been submitted to NASW-CT for approval of continuing education credits.

About The Presenters:

Michael Flora, MBA, M.A.Ed, LCPC, LSW, MTM Services, LLC & National Council Consultant

Mr. Flora is the President and CEO of the Ben Gordon Center in DeKalb Illinois. He is also a National Council Consultant, Lead Operational Consultant for MTM Services and Adjunct Faculty at the Northern Illinois University. He has over 25 years experience in clinical practice and mental health administration. He has had extensive experience in Strategic Planning, Performance Improvement, Workforce Development, Diversity Training, Clinical Re-Engineering, Marketing, Business Planning, Leadership Training, Board and Executive Training , Evaluation and Development, Project Management and Mergers and Acquisitions in healthcare. He has lectured throughout the state and on the national conference level on behalf of treatment and administrative issues.

Most recently Mr. Flora's work has been highlighted in Behavioral Healthcare, Behavioral Healthcare Technology, Mental Health Weekly, Health Care Technology, CMHC's One Magazine, MD News Magazine and the National Council News. He is a frequent contributor to the NI Business News and has authored a chapter featured in the 2002 book, *How to Deliver Accountable Care* by National Consultant David R. Lloyd. In 2007, Mr. Flora's work has been featured in the National Council for Community Behavioral Healthcare's publication *How to get and Keep the Best Employees: a Guide to Workforce Innovation*. In 2008, Mr. Flora was recognized as one of Behavioral Healthcare Magazine Champion's in Behavioral Health.

Mr. Flora is a graduate of the University of Findlay and the University of Akron, Akron, Ohio. He received a Bachelor of Arts Degree in Psychology and a Masters of Arts in Education (M.A.Ed.) specializing in Community Counseling. He received his Masters of Business Administration (MBA) in Health Care Administration from the University of Findlay. Mr. Flora holds the highest level of clinical licensure in Counseling as a Licensed Clinical Professional Counselor and is a member of the American College of Healthcare Executives.

Bill Schmelter Ph.D., M.T.M. Services & National Council Consultant

Dr. Bill Schmelter has more than 35 years of experience in the behavioral health field. Trained as a psychologist, his career roles have included therapist, researcher, teacher, quality management director, psychiatric hospital administrator, community services director and Director of the Long Island Regional Office of the New York State Office of Mental Health. His professional experience includes the private, not-for-profit, and governmental service sectors.

Dr. Schmelter joined the consulting team at the National Council for Community Behavioral Healthcare after retiring from his position as Director of the Long Island Regional Office of the NY State Office of Mental Health in September of 2004. Soon after, he also became a lead consultant and trainer with MTM Services Inc. In this role, Dr. Schmelter's primary interest is in helping organizations and their direct service staff understand how to make service documentation more clinically meaningful and intuitive, as well as compliant. He uses rapid cycle project management, empowered team facilitation, and a data based decision making approach in the areas of access to care, client engagement, documentation process standardization, and productivity/capacity improvement among others.

Dr Schmelter has provided numerous presentations at national conferences and in 2006 edited the book: *How to Get and Keep the Best Employees: A Guide to Workforce Innovation* (2007) published by NCCBH. He is currently writing a book along with David Lloyd on clinical documentation compliance and support for quality services.

Dr Schmelter received his BS in Psychology at Long Island University, his MS in Experimental Psychology at SUNY Cortland and his PhD in Applied Psychological Research and Program Evaluation as well as post doctoral study in clinical psychology at Hofstra University.

Scott C. Lloyd, President, M.T.M. Services & National Council Consultant

Scott Lloyd, the author of *Using Data to Drive Your Service Delivery Strategies: A Toolkit for Healthcare Organizations*, works with an approach grounded in an accountable care philosophy. His work has focused on helping behavioral healthcare organizations analyze their performance data to establish system-wide changes that work improve the overall quality of the services being delivered. Some of the change focus areas include:

1) Documentation Redesign: Streamlining, standardizing, minimizing completion time, and working towards compliance with all regulatory standards (Local and Statewide Efforts)
2) Concurrent documentation training and full system wide implementation
3) Review and set the organization's direct staff productivity levels and Performance Standards
4) Establishment of an organization's cost per service delivered for all services

5) Establishment of the organization's proper case load size for direct service staff
6) Establishment of an organization's total service capacity available to deliver service
7) Measuring and adjusting an Organization's staff structure
8) Streamlining an organization's current intake process and client flow (Total number of processes, staff time required, client time required, and cost)
9) Creation of bonus pay structures

Since the end of 2003, Mr. Lloyd has worked with providers in Alabama, Arizona, California, Colorado, Connecticut, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, New Mexico, New York, North Carolina, Ohio, Missouri, Texas, Utah, Vermont, Virginia, Washington and Wyoming, typically as the lead consultant and/or project manager carrying out full system conversion change efforts.

David R. Lloyd, President of M.T.M. Services, LLC & National Council Consultant

Mr. Lloyd brings new healthcare management, training and community relations/marketing initiatives to Community Behavioral Healthcare Organizations (CBHO) nationally. Mr. Lloyd is the author of *How to Maximize Service Capacity* and *How to Deliver Accountable Care.* In his books, he has developed principles and solutions about how CBHOs can deliver "Best Value" accountable care.

Mr. Lloyd has been a featured presenter at numerous national, regional, state and local workshops and conferences. His strength lies in his energetic, motivational and focused "We Can Do This" consultation style. His management expertise is built on a foundation of over thirty-five years experience in both private-for-profit and CBHO settings.

In 1991, Mr. Lloyd moved his career focus to CBHOs. He first served as a member of the Board of Directors of a CBHO and then joined the staff as Assistant Area Director for Operations supervising Management Information Systems, Medical Records, Budget and Finance, Volunteer Services and Community/Public Relations. His care management outcomes included streamlining/unifying Medical Records, consolidating over thirty-two individual cost centers to six which resulted in a "Board Friendly" budget reporting process that dramatically simplified the budget presentation process.

Additionally, Mr. Lloyd served as Assistant Area Director for Program Services where he supervised over 275 clinical staff in Adult Mental Health, Child and Family Mental Health, Developmental Disabilities, and Substance Abuse Services. As Assistant Area Director for Program Services, he enhanced billable hour service capacity of the organization by 66%, which resulted in an 87% decrease in access to care waiting times. Mr. Lloyd has provided consultation/training to over 500 CBHOs nationwide.

About CCPA:

The Connecticut Community Providers Association represents organizations that provide services and supports for children and adults with disabilities and signficant challenges including people with substance-use disorders, mental illness, developmental and physical disabilities. CCPA is the lead advocate for community human service providers at the state legislature and with state agencies. Visit us online at www.ccpa-inc.org

If you have questions regarding this event, or would like information on how your organization can become a CCPA member, contact Kendra Maigarie, Director of Member Services at (860) 257-7909 or kmaigarie@ccpa-inc.org.

Please let us know in advance if you need sign language interpreting (ASL or English). The deadline for requesting sign language interpreters for these events is three weeks prior to the event. We cannot guarantee provision of interpreters if the request is not received three weeks prior to the event.

REGISTRATION FORM

CCPA 2012 Healthcare Reform Series: Preparing for Integrated Care Models

February 21st, March 28th, April 25th and May 30th

CCPA requires pre-registration and pre-payment for all events. Please complete pre-registration no later than 10 working days prior to the first session. If your agency cancels its reservation in writing up to ten working days before the first session, we will refund 75% of your payment. We're sorry, but if you cancel with less than ten working days notice from the first session, we cannot give a refund. You may substitute attendees at any time. To Pre-Register:

1) Register online at http://www.ccpa-inc.org/EventCalendar.aspx via credit card
2) Compete form & mail with payment to: CCPA, 35 Cold Springs Rd, Suite 522, Rocky Hill, CT 06067
3) Check the "Please Invoice Me" box below, and fax to (860) 257-7777. Upon receipt, CCPA will invoice your agency, but please note you are NOT registered until we receive your payment.

☐ Please Invoice Me

Agency ______________________________

Address ______________________________

City: ____________ State: ________ Zip: ________

Phone: ____________________

CCPA Members: *Series:* $ 2,000; *Session:* $325 pp
Nonmembers: *Series:* $ 2,500; *Session:* $399 pp

2/21/12 Attendees:

Name: ____________ Name: ____________

Title: ____________ Title: ____________

Email: ____________ Email: ____________

3/28/12 Attendees:

Name: ____________ Name: ____________

Title: ____________ Title: ____________

Email: ____________ Email: ____________

4/25/12 Attendees:

Name: ____________ Name: ____________

Title: ____________ Title: ____________

Email: ____________ Email: ____________

5/30/12 Attendees:

Name: ____________ Name: ____________

Title: ____________ Title: ____________

Email: ____________ Email: ____________