



## **Massachusetts Behavioral Health Partnership Frequently Asked Questions**

### **Clinical Outcomes Management Program**

**1. What is a standardized assessment instrument?**

A standardized assessment instrument has good psychometric properties and produces valid and reliable information that is useful in case formulation and treatment planning. Outcome information is obtained from a repeated administration of an assessment instrument for the purpose of assessing clinical change over the course of treatment.

**2. Why has MBHP implemented an outcomes management program?**

The Federal government and the Commonwealth's Executive Office of Health and Human Services (EOHHS), as well as commercial insurers, are moving toward requiring outcomes evaluations for behavioral health services. MassHealth has required that MBHP implement an outcomes management program within its provider network. At MBHP, we are very interested in making outcomes measurement an integral and useful component of our covered services.

**3. Who must participate in the outcome measures program?**

All MBHP-contracted providers are expected to participate in this program for MassHealth Members eligible for MBHP services. For Members receiving treatment from more than one provider, only the provider with the most contact, usually the non-psychiatrist mental health professional, is required to document the measurement of outcome. MBHP has exempted certain billing codes. Please refer to Clinical Outcomes Management Protocol section 2.B (page 6) for MBHP covered services exempted from outcomes evaluations.

**4. What if we choose not to participate in this program? What are the consequences?**

The provider specifications described in the Clinical Outcomes Management Protocol are mandatory for all providers. If a provider chooses not to participate, the consequences of this decision are described on page 2 of the Clinical Outcomes Management Protocol (see section, Compliance Monitoring). In brief, this section says that if a provider refuses to participate, the provider will be ineligible for future rate increases that are tied to quality indicators. It should be noted that if a provider agrees to use outcome measures and a record review suggests that the assessments have not been performed, this can be the basis of return of payment to MBHP for the Members involved.

**5. What if the Member refuses to participate in this program?**

Members can refuse to participate in an outcomes assessment. See the Clinical Outcomes Management Protocol, section 2.D (page 7) for information on documenting Member refusals.

**6. What instruments can we use?**

MBHP has listed its approved standardized assessment instruments in the Clinical Outcomes Management Protocol, some of which are proprietary and some of which are in the public domain. For detailed descriptions of each approved instrument, refer to the Instrument Fact Sheets, which can be found on the MBHP web site at [www.masspartnership.com](http://www.masspartnership.com) in the “For BH Providers” section under “Outcomes Management.” If a provider wishes to use a valid, reliable, and standardized assessment instrument that has not been approved by MBHP, the provider can request approval by submitting information about the instrument to MBHP.

The Child and Adolescent Needs and Strengths (CANS) tool is required for all Members under age 21 who must receive a CANS assessment. Refer to the Outcomes Management Protocol, section 1.B (page 3) for services requiring a CANS assessment. Refer to *Provider Alerts* #39 and #48 for additional information regarding CANS requirements ([www.masspartnership.com](http://www.masspartnership.com)).

**7. Can providers still use the Treatment Outcome Package (TOP)?**

Providers can select the TOP as their assessment instrument. However, the provider will need to establish its own contract with Behavioral Health Laboratories (BHL), which will be payable by the provider. MBHP no longer subsidizes the use of TOP. For more information regarding TOP, please refer to BHL’s web site [www.bhealthlabs.com](http://www.bhealthlabs.com).

**8. Can we choose multiple assessment instruments? For example, our primary population is children, but we also serve adults. Can we use a different instrument for each?**

You may select one or several instruments depending on your program’s services and client population. However, you are encouraged to use the same instrument for the same populations.

**9. Do you have a best practice guideline on how often an assessment instrument should be administered?**

Section 2.C (page 7) of the Clinical Outcomes Management Protocol specifies that re-evaluations should be completed at “intake for treatment (baseline assessment), with additional administrations (re-assessments) give at least every 90 days to coincide with the review of the treatment plan”.

**10. If I am using CANS, does that mean I am automatically compliant with the outcomes program?**

No, a provider must select and implement a tool to be used for all age groups in the provider’s caseload. For example if the provider sees both children and adults, the provider needs to use the CANS for children and another approved assessment instrument for adults.

If a provider was previously non-compliant with the outcomes policy and begins to use CANS, it is the provider’s responsibility to inform MBHP that the provider is utilizing the CANS to be compliant with the outcomes policy. Providers can notify MBHP of their change in status by contacting the Outcomes Project Manager at 617-350-1951 or at [MBHPOutcomes@valueoptions.com](mailto:MBHPOutcomes@valueoptions.com).

**11. How will MBHP know whether I am collecting outcomes data?**

MBHP will audit providers’ medical records in order to ensure provider compliance with the outcomes policy.

**12. Do I have to send my outcomes data to MBHP?**

The Clinical Outcomes Management Protocol does not require that providers send their outcomes data to MBHP.

Emergency Service Providers (ESPs) report data from the Brief Psychiatric Rating Scale (BPRS) as part of the pre-certification protocol. Inpatient providers who have chosen the BPRS include the data on the MBHP discharge form.

For providers using the CANS, the provider will enter the data into the Virtual Gateway, and MassHealth will periodically send that data to MBHP for the purpose of routine healthcare operations evaluation.

**13. I am an ESP. What do we have to do for outcomes?**

MBHP has modified the pre-certification protocol by replacing the current mental status questions with those of the Brief Psychiatric Rating Scale (BPRS). Through this revised pre-certification protocol, the ESP will complete the BPRS and give that information to the MBHP Clinical Access Line clinician, based on the case review with the ESP. The results of the pre-cert BPRS will be entered into our automated care management information system. Upon discharge from an acute care unit, the hospital's discharge coordinator will complete the BPRS and fax this to MBHP, along with other discharge information that normally gets sent to MBHP. MBHP will then enter the discharge BPRS into our automated care management information system. See the Clinical Outcomes Management Protocol, section 1.E (page 4).

**14. Why did you choose the Brief Psychiatric Rating Scale (BPRS) for inclusion in MBHP's acute care pre-certification protocol?**

The BPRS has good inter-rater reliability properties between experienced clinicians. A great deal of data has been collected on this instrument demonstrating its reliability and validity. We chose this instrument because of its good psychometric properties and its brevity. There are many areas the instrument does not directly address, but it is difficult to achieve brevity and comprehensiveness. With some experience, making the BPRS ratings following a clinical interview takes no more than two or three minutes. Communicating those results to the MBHP Clinical Access Line clinician will take less time. This process is fully integrated into the exchange between the ESP and Clinical Access Line clinician, not completed as an extra step.

**15. How will MBHP use the outcomes data from BPRS and CANS evaluations?**

Our goal is to use outcomes data to better understand the clinical needs of our Members and to identify best practice approaches.

**15. Where can I find further information/guidance?**

If you wish to contact MBHP about the Clinical Outcomes Management Program:

- Contact the Outcomes Project Manager at 617-350-1951 or e-mail [MBHPOutcomes@valueoptions.com](mailto:MBHPOutcomes@valueoptions.com).
- Write to: Massachusetts Behavioral Health Partnership, 150 Federal Street, 3<sup>rd</sup> Floor, Boston, MA 02110, ATTN: Outcomes Project Manager
- Visit our web site at [www.masspartnership.com](http://www.masspartnership.com), in the "For BH Providers" section under "Outcomes Management."