



Network Development

Ensuring that treatment providers meet rigorous standards is the primary responsibility of the Network Development Department. DBH/CBH staff are charged with credentialing and recredentialing all providers in the DBH/CBH network, reviewing the qualifications of professional and paraprofessional staff employed by treatment providers in the network, and examining provider policies and procedures that are an integral part of the assurance of the delivery of quality care.

The department also conducts on-site clinical audits, either as a part of a credentialing visit or as a result of concerns about quality-of-care issues raised about a provider. Additionally, the department includes Clinical Systems Analysts who provide technical assistance, education and consultation services to providers in the network. Typically, they assist agency staff in rectifying problems and addressing issues relevant to the provision of quality care, such as poorly written treatment plans, inadequate discharge summaries and developing quality assurance programs.

Network Development facilitates interactions within DBH/CBH and among providers regarding quality-of-care issues and serves as a resource to identify needed specialty services when required by a client. Network Development staff also search for service gaps in the provider system and engage in program development to meet service needs.

The Credentialing Process

The following information is intended to give providers a summary of DBH/CBH's delegated credentialing requirements. All providers should refer to the complete copy of the **DBH/CBH Delegated Credentialing Manual** for more detailed information. It can be found on the DBH/CBH website listed under the Provider section.

DELEGATED CREDENTIALING INTENT

The DBH/CBH approach of delegated credentialing offers providers the opportunity to establish and maintain their own credentialing process, and set their own standards of excellence, while meeting the standards established by DBH/CBH.

Providers are responsible for demonstrating compliance with standards described within the DBH/CBH Credentialing Manual. The process of delegated credentialing holds each provider responsible for:

- ▶ establishing a method of credentialing all direct care, supervisory and professional staff
- ▶ developing and maintaining standards of clinical practice, both discipline and provider specific
- ▶ identifying methods of assessing quality of care through written standards
- ▶ determining outcome standards that measure aspects of care based on the results of treatment, which includes client satisfaction

The process of delegated credentialing allows DBH/CBH credentialing analysts to evaluate each provider's compliance with their own standards, laws and guidelines, which are established by federal, state and discipline-specific licensing and/or oversight bodies. Each provider is expected to demonstrate their own processes for credentialing staff and ensuring quality of care, which follow DBH/CBH guidelines and standards.

Evaluation for compliance is accomplished through:

- ▶ assessment of the provider's policies and procedures which relate to credentialing of staff
- ▶ evaluation of the provider's methods of quality assurance, including internal audits and continuous quality improvement plans
- ▶ review of direct care and supervisory files to ascertain compliance with established standards necessary for each position
- ▶ review of job descriptions for each position

DBH/CBH reserves the right to conduct on-site review of the physical plant to ensure issues of safety within the facility.

RE-CREDENTIALING

Statement of Intent: Every provider within the DBH/CBH network must undergo a provider review process at least every 2 years. This could include a full credentialing or re-credentialing, and a targeted or quality review. More frequent visits may be scheduled by DBH/CBH at any point if one or both of the following apply:

- ▶ The provider has been granted a credentialing status which dictates a site visit within a specific time frame.
- ▶ There are reasons for concern about quality of care.

Recredentialing Readiness: Each provider is responsible for maintaining the following documentation for re-credentialing purposes for the facility or entity:

- ▶ updated **Provider Application** (if necessary) or a **Provider Verification** form
- ▶ current license and certification(s)
- ▶ complete clinical files and supervisory staff files available for review
- ▶ proof of current professional and general liability insurance
- ▶ proof of a current **PROMISe Number** (Pennsylvania Medical Assistance provider number)

The specific required documents for a review can be found in the Credentialing Manual available on the DBH/CBH website at www.phila-bhs.org or by contacting the Credentialing Manager at (215) 413-3100.

The provider shall also furnish quality improvement documentation, including:

- ▶ peer review process and outcomeS data
- ▶ clinical monitoring and evaluation results
- ▶ clinical quality monitoring forms
- ▶ client satisfaction surveys
- ▶ grievances and complaints
- ▶ incident reports

Providers will be notified in writing of the results of the credentialing visit by the CBH Board of Directors. Providers will be given specific details about the outcome of the audit, including all scores and a written summary. The decision of the CBH Board of Directors is considered final.

Clinical Chart Audits

The clinical chart audit process occurs during a credentialing visit. It may also result from concerns about quality-of-care issues involving a provider. A clinical audit is considered an integral component of the re-credentialing process. All providers must anticipate and prepare for review of open and closed charts during a re-credentialing visit. Prior to a site visit, DBH/CBH will notify the provider of the intent to review and conduct a clinical chart audit. Client charts are reviewed by the credentialing analysts, all of whom are trained to perform both clinical and administrative reviews.

It is expected that providers in the DBH/CBH network consistently adhere to DBH/CBH standards regarding quality-of-care and clinical record keeping requirements.

Technical Assistance

The DBH/CBH provider network is continually reviewed to determine if it continues to meet the behavioral health needs of DBH/CBH clients. To this end, information obtained from multiple objective sources include (but are not limited to): clinical chart audits, quality-of-care reviews, credentialing scores, significant incidents, client satisfaction and general business operations. These are used to measure the effectiveness of the service delivery of provider agencies. DBH/CBH is committed to building partnerships with providers in order to develop programs that better serve DBH/CBH clients. Clinical Systems Analysts are responsible for providing technical assistance, education and consultation to providers. Providers may request or be recommended for Technical Assistance by the CBH Board of Directors. Clinical Systems Analysts respond to systemic problems in an agency and serve as short-term consultants to providers; to rectify problems and issues relevant to the provision of quality care (i.e., poorly written treatment plans and inadequate discharge summaries) and the development of internal quality assurance programs.

The Network Development Department continues to adapt to meet changing needs, as it works to assist providers in developing and maintaining policies, procedures and staffing patterns that assure the provision of quality care.

Program Development

The Network Development staff is continually engaged in the process of maintaining the network of providers to assure that there are sufficient resources to meet the needs of our clients. The ongoing assessment of the provider network includes those providers who contract for services with the other arms of DBH. While there are some contracting and funding differences, essentially all providers delivering behavioral healthcare services to Philadelphia citizens should view themselves as part of the DBH system. To this end, CBH will coordinate with the OMH/MR, CODAAP and BHSI to monitor, develop and support programs that provide needed services that focus on the fundamentals of care and rely on evidenced-based practices.

COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT

DBH/CBH will operate in compliance with the Federal Americans with Disabilities Act of 1990 (ADA). Specifically, no individual will be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination by DBH/CBH or its contracted provider network.

Programs and services within the provider network are accessible to individuals with disabilities. Compliance with ADA is achieved if services and programs are located in accessible facilities, or if another arrangement is in place to bring the program or service to the individual. Some examples include relocating a program to an accessible facility, allowing home visits instead of office visits, arranging to meet an individual at an accessible location and any other modifications in procedures or policies that would enable qualified people with disabilities to participate.

The provider network is required to remove “non-physical” barriers to service and will make available at the request of its clients the following:

- ▶ telecommunications devices for the deaf
- ▶ assisted listening devices
- ▶ large-print/Braille forms
- ▶ sign language services
- ▶ Computer Assisted Real-Time Transcription (CART)

CBH Member Services and Network Development work in cooperation to insure that members and providers meet this goal.

Utilization and Supervision of Graduate Students in Field Placements

All DBH agencies that have graduate students who deliver outpatient client care in field placements, practicum or internships are reimbursed at regular DBH/CBH non-psychiatric rates. However, only students who have completed at least one year in a behavioral health-related graduate program qualify for reimbursement. Supervision requirements are more stringent to insure that the interns provide quality care and fully inform clients of their training status.