The Oklahoma Enhanced Tier Payment System (ETPS)

Introduction

- Like many state mental health authorities (SMHAs), the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) was seeking creative solutions to improve provider performance in the face of state budget cuts.
- Through a collaborative process with the Community Mental Health Center (CMHC) provider community, the Oklahoma Health Care Authority (OHCA), the state's Medicaid agency, ODMHSAS was able to accomplish something that many cash-strapped state agencies are seeking to do; that is, improve quality of care, increase provider payments, and serve more people in need.

OVERVIEW OF OKLAHOMA

Overview of Oklahoma

- With an FY 11 operating budget of $289,700,000, ODMHSAS is responsible for delivering a range of publicly funded mental health and substance use services, serving approximately 72,000 people each year.

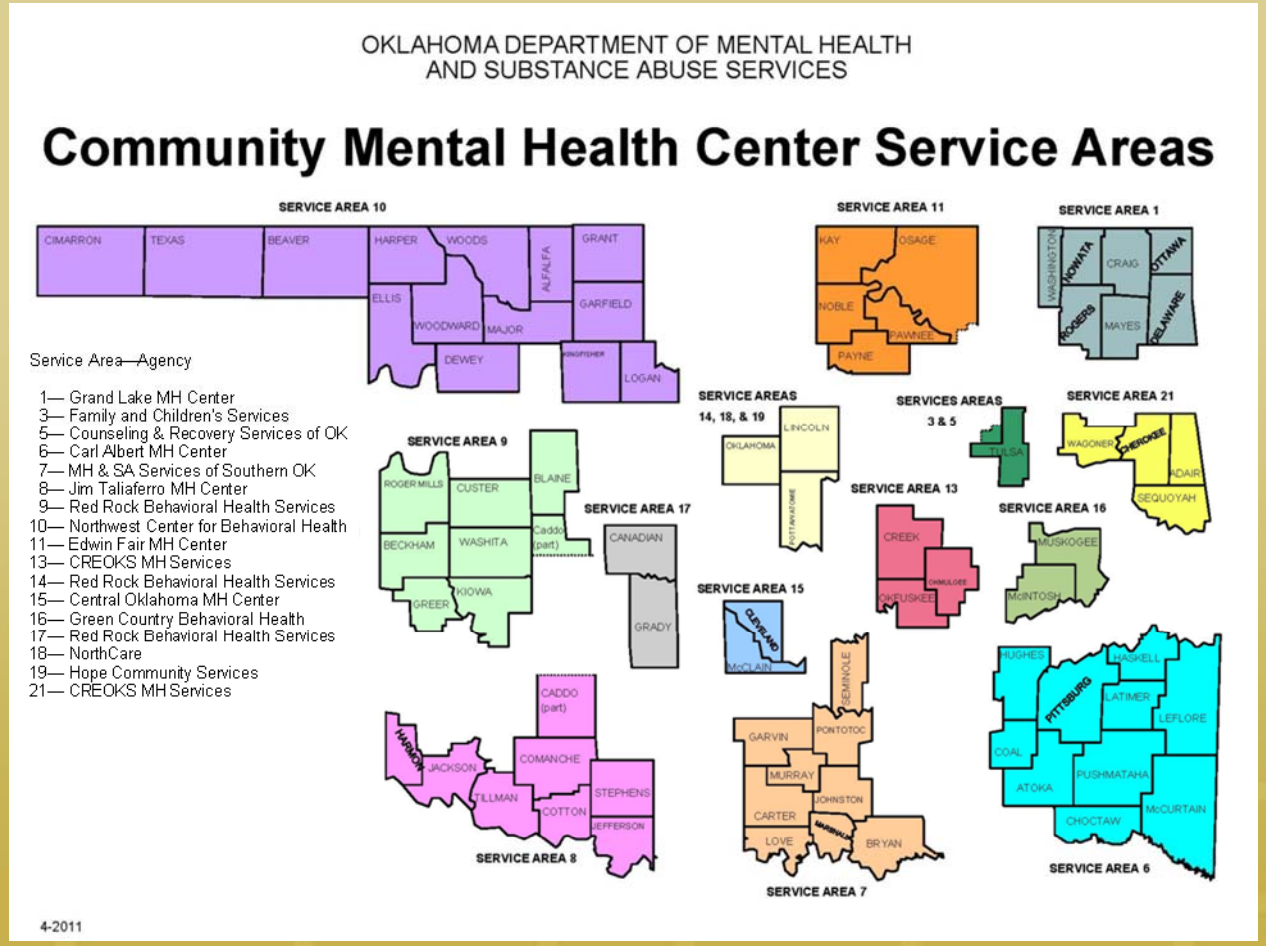
Oklahoma

- Oklahoma's public mental health system is centralized (as opposed to a county-based system for example) and relies primarily on state general funds to support its operating budget.
- Medicaid dollars provide the largest portion of non-appropriated funding for mental health and substance use services

Oklahoma

- A network of 15 CMHCs serving all 77 of Oklahoma's counties (see map), serve as the front door for accessing a range of treatment services including crisis services.
- These five state-operated and 10 contracted non-profit CMHCs serve as the safety-net provider of mental health services for uninsured adults and children in addition to serving Medicaid recipients in need of mental health services.

Service Regions



a bright future

MEDICAID

Medicaid

- As many SMHAs have recognized, ODMHSAS saw that its volume-based fee-for-service reimbursement system was not achieving the outcomes it wanted.
- ODMHSAS saw the potential to create a payment system, based on outcomes, for meeting certain established quality-of-care targets.

Medicaid

- The upper payment limit (UPL) is an estimate of the maximum amount that could be paid for Medicaid services under Medicare payment principles.
- Federal regulations place a ceiling on the State Medicaid expenditures that are eligible for federal matching funds.
- These UPLs apply in the aggregate to all payments to particular types of providers; and are typically the amount that the Medicare program would pay for the same services.

Medicaid

- Because CMHCs were being reimbursed at 75 percent of the Medicare fee schedule (for 2007 non-facility practitioners), there was room between the current rate and 100 percent of the Medicare rate, otherwise referred to as UPL, to create an incentive corridor.

Medicaid

- With budget cuts limiting availability of state dollars, ODMHSAS saw the opportunity to improve quality of care by leveraging federal matching dollars to invest in this type of incentive system.
- Making this type of change to the provider payment methodology required Oklahoma to amend its Medicaid state plan.

State Plan Amendment

(e) Supplemental Payments for Behavioral Health Community Networks (BHCN)

Eligibility Criteria

In order to maintain access and sustain improvement in clinical and nonclinical care, supplemental payments will be made to CMHCs that meet the following criteria:

Must be a freestanding governmental or private provider organization that is certified by and operates under the guidelines of the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) as a Community Mental Health Center (CMHC) and;

Participates in behavioral quality improvement initiatives based on measures determined by and in a reporting format specified by the Medicaid agency.

The state affirms that the clinic benefit adheres to the requirements at 42 CFR 440.90 and the State Medical Manual at 4320 regarding physician supervision.

PROVIDER ENGAGEMENT

Provider Engagement

- ODMHSAS knew that obtaining buy-in from the provider community would be critical to achieving the types of changes they wanted to see in the system.
- Thus ODMHSAS held a series of meetings with providers to seek their input and obtain feedback about the payment design and the measures that would be used to monitor performance.

Provider Engagement

- While the collaborative nature of the relationship between ODMHSAS and the CMHCs was a good foundation for this effort, six issues were critical to achieving provider's buy-in.
- First, the state prepared a proposal that it took to providers for comment.
- Second, the payment was a supplemental payment for meeting certain benchmarks.

Provider Engagement

- The third major factor in gaining provider buy-in was that sources of existing data were used to the extent possible.
- Fourth, the state engaged in a “practice run” process with providers.
- Fifth, the natural sense of competition that can exist in the provider community became a factor in motivating providers to participate.
- Finally, providers were considering this proposal while simultaneously grappling with major budget gaps and fiscal challenges.

MEASURE IDENTIFICATION

Current Data System

- Fee-for-service based payments.
  - Provider submits DMH and Medicaid claims together.
- Demographic information collected at admission, discharge, level of care change, and at treatment plan update (usually six months).
  - Information includes age, race, sex, living situation, TEDS data elements, assessment scores, etc.

Measure Identification

- A high priority was improving access to care.
- Measures should be based on current data.
  - Providers already submitted claims and periodic demographic data.
- The only new measure that did not previously exist was the access to treatment measure.
  - This measure was based on a secret shopper approach conducted by state staff.

Building Measure Transparency

- ODMHSAS initially met face-to-face with providers to discuss measures.
- Both parties agreed on how measures were defined.
- Additionally, phone calls and webinars were provided to CMHC provider staff.
- Reports were made available so each provider could see summary results of other providers.
- Reports also showed each provider their detailed information to the client level.

Measures starting on 1/1/2009

1. Outpatient crisis service follow-up within 8 days
2. Inpatient/crisis unit follow-up within 7 days
3. Four services within 45 days of admission (engagement)
4. Medication visit within 14 days of admission
5. Reduction in drug use
6. Access to treatment (adults)

Measures starting on 7/1/2009

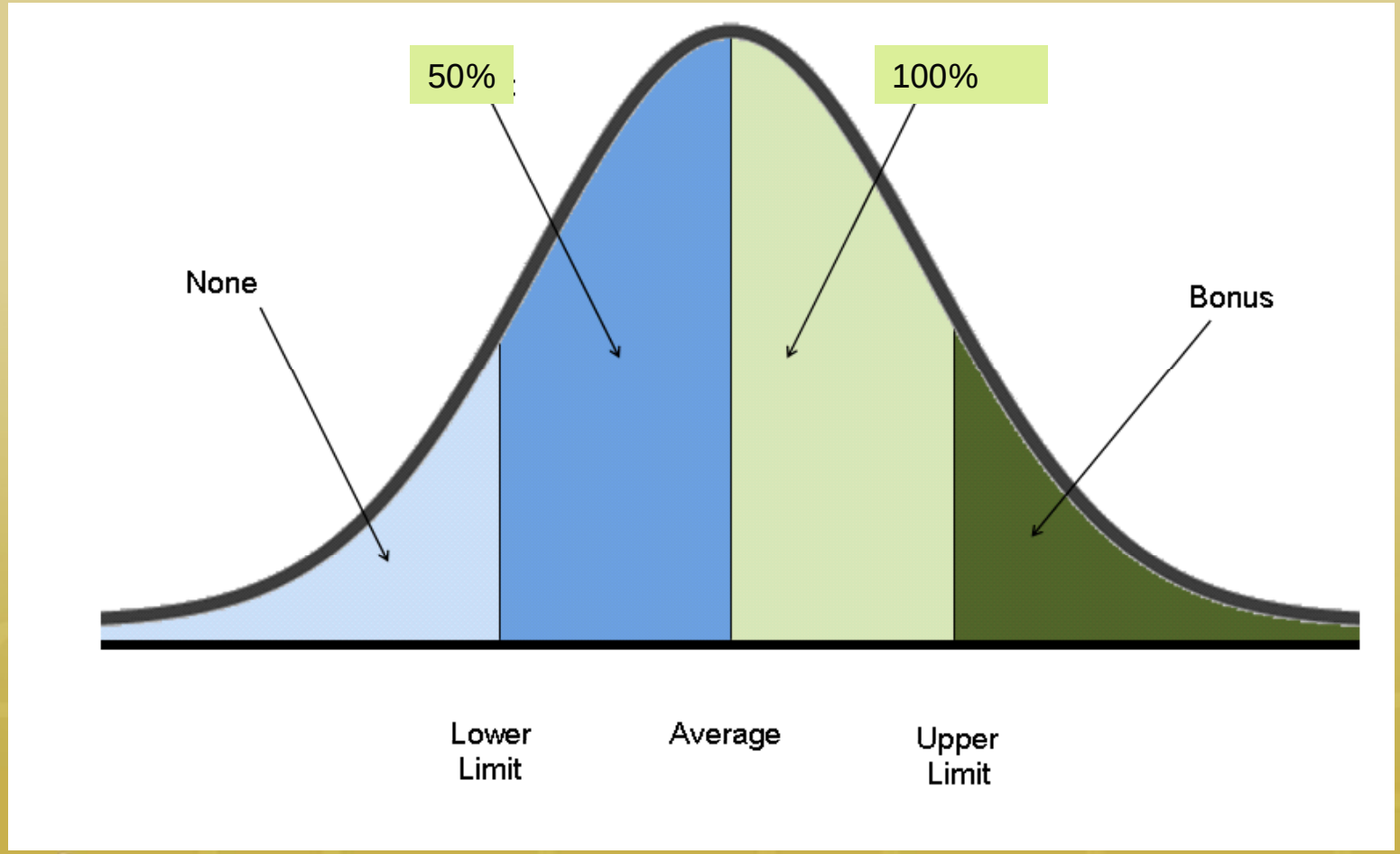
7. Improvement in CAR score: Interpersonal domain
8. Improvement in CAR score: Medical/physical domain
9. Improvement in CAR score: Self-care/basic needs domain
10. Inpatient/crisis unit community tenure of 180 days
11. Percent of clients who receive a peer support service
12. Access to treatment (children)

NOTE: The CAR levels of functioning have been structured within a "normal curve" format, ranging from Above Average Functioning (1-10) to Extreme Psychopathology (50). Pathology begins in the 20-29 range. The CAR format provides a broad spectrum of functioning and permits a range within which clients can be described.

Setting Benchmarks

- Once all parties were in agreement to how measures were defined, the past six month period was measured to set statewide averages.
- From those measurements, upper and lower limits were based on one standard deviation from the average.

Benchmarks



How much is each CMHC able to earn?

- Based on the number of unduplicated clients served in the past four months
- Agency X serves 1,000 person
- Statewide, 15,000 persons are served
- 1,000 / 15,000 = 6.6% of all money

FINDINGS

Measure #1: Outpatient Crisis Service Follow-up within 8 Days

Results:

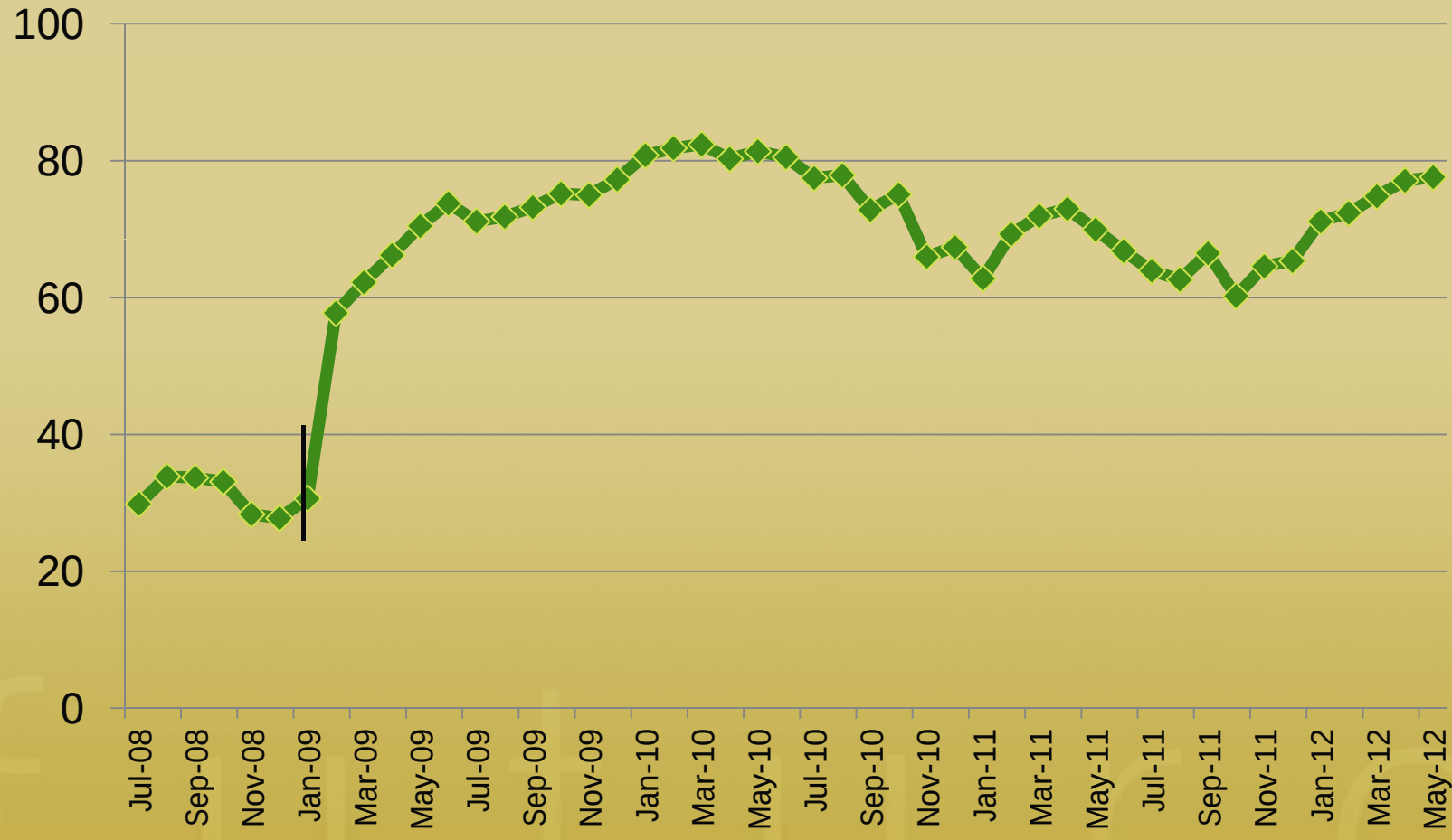
Agency Average (statewide standard = 38.8%):

- Jul 2008 = 29.8%
- Jan 2009 = 30.6%
- Apr 2009 = 66.2%
- Jun 2010 = 80.5%
- Jan 2012 = 71.1%
- May 2012 = 77.6%

Number of Agencies in the Bonus:

- Jan 2009 = 4
- Apr 2009 = 11
- Jun 2010 = 11
- Jan 2012 = 10
- May 2012 = 10

Outpatient Crisis Service Follow-up within 8 Days



Measure #2: Inpatient/Crisis Unit Follow-up within 7 Days

Results:

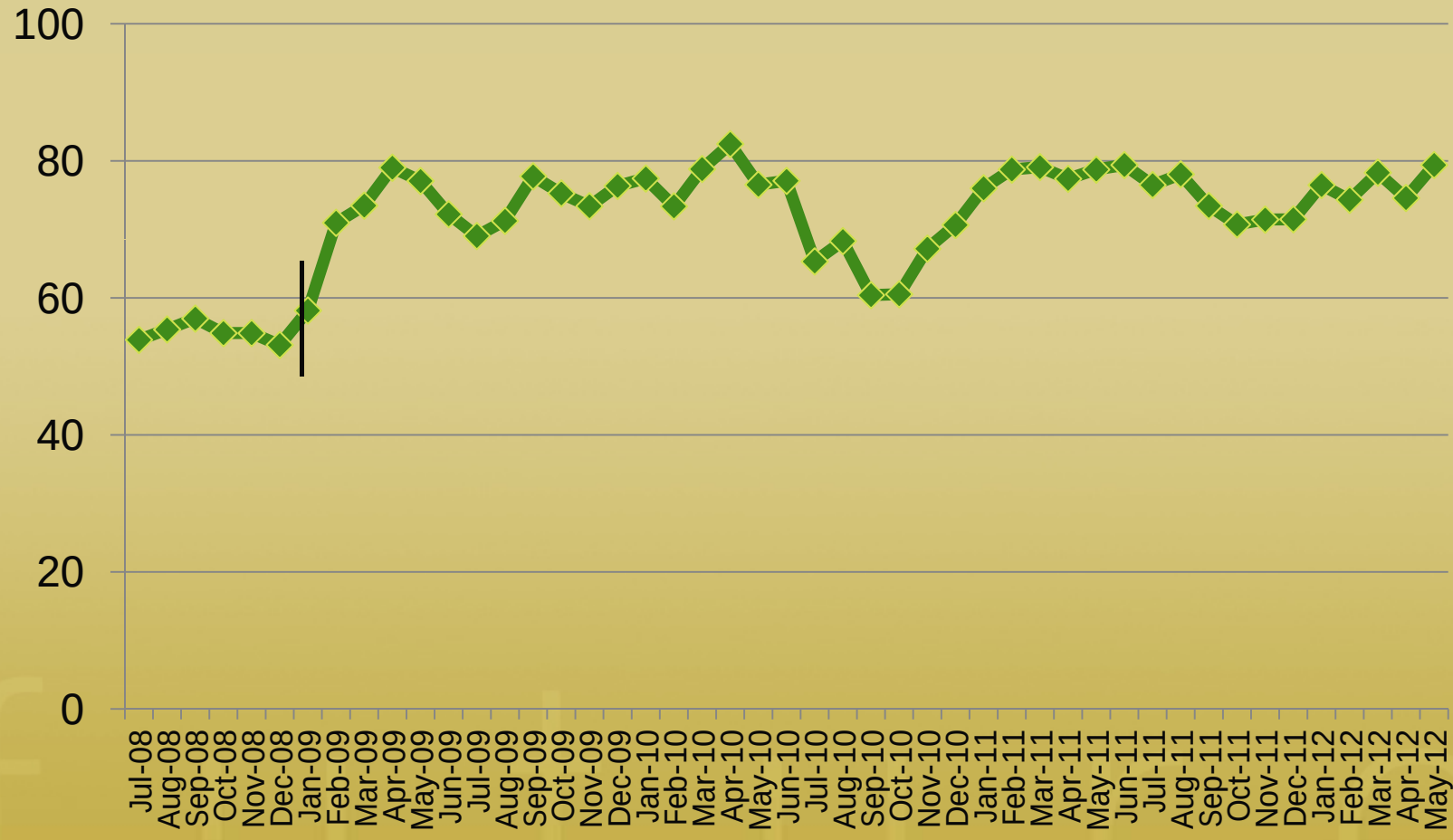
Agency Average (statewide standard = 53.5%):

Jul 2008	= 53.9%
Jan 2009	= 58.2%
Apr 2009	= 79.0%
Jun 2010	= 78.2%
Jan 2012	= 76.5%
May 2012	= 79.4%

Number of Agencies in the Bonus:

Jan 2009	= 4
Apr 2009	= 10
Jun 2010	= 9
Jan 2012	= 8
May 2012	= 10

Inpatient/Crisis Unit Follow-up within 7 Days



Measure #3: Reduction in Drug Use

Results:

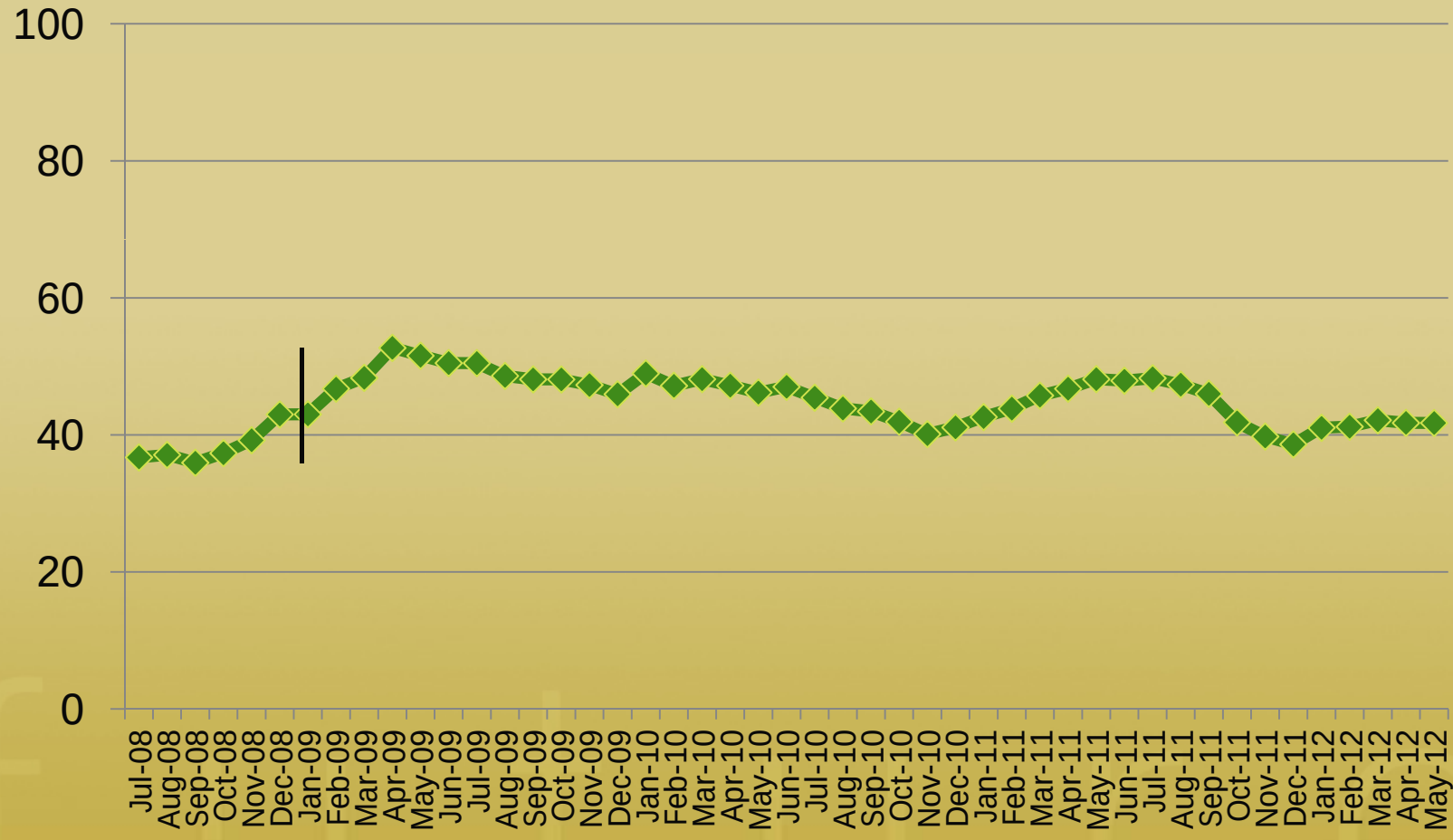
Agency Average (statewide standard = 34.1%):

Jul 2008	= 36.7%
Jan 2009	= 43.0%
Apr 2009	= 52.7%
Jun 2010	= 46.7%
Jan 2012	= 41.0%
May 2012	= 41.7%

Number of Agencies in the Bonus:

Jan 2009	= 4
Apr 2009	= 9
Jun 2010	= 7
Jan 2012	= 6
May 2012	= 6

Reduction in Drug Use



Measure #4: Engagement: Four Services within 45 Days of Admission

Results:

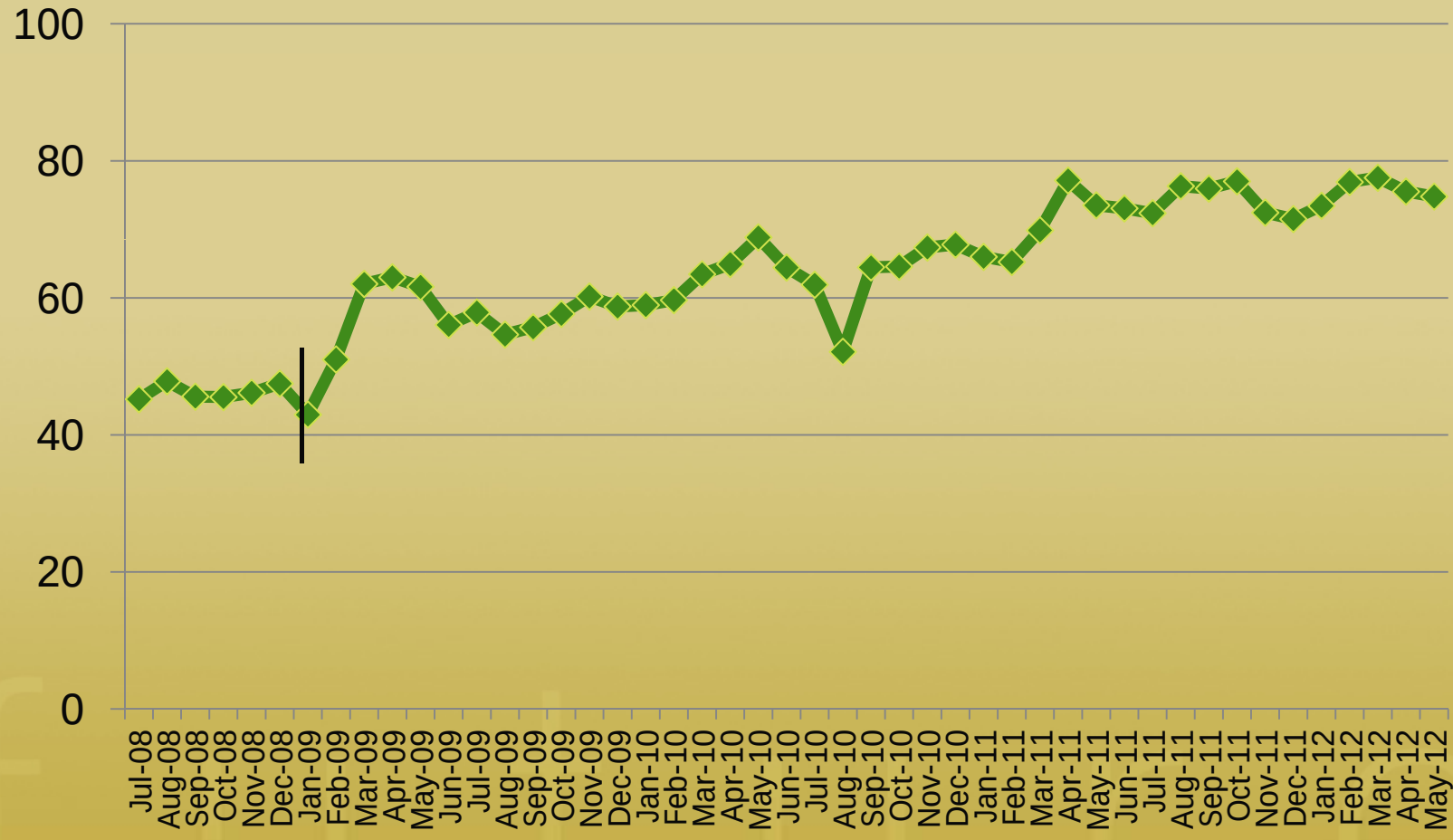
Agency Average (statewide standard = 45.3%):

- Jul 2008 = 45.2%
- Jan 2009 = 42.9%
- Apr 2009 = 62.9%
- Jun 2010 = 65.0%
- Jan 2012 = 73.4%
- May 2012 = 75.8%

Number of Agencies in the Bonus:

- Jan 2009 = 2
- Apr 2009 = 10
- Jun 2010 = 10
- Jan 2012 = 14
- May 2012 = 12

Engagement: Four Services within 45 Days of Admission



Measure #5: Medication Visit within 14 Days of Admission

Results:

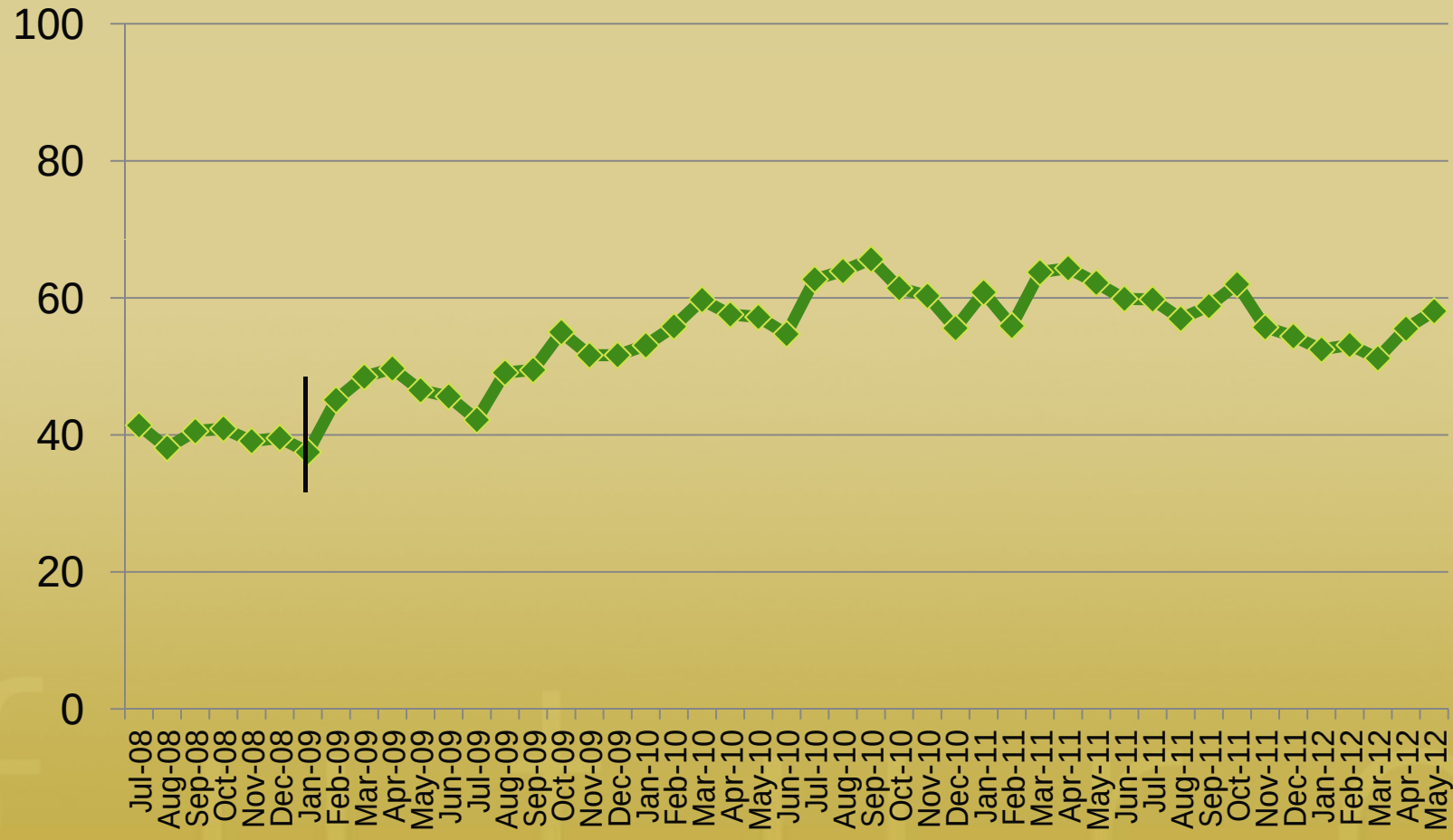
Agency Average (statewide standard = 33.3%):

- Jul 2008 = 41.4%
- Jan 2009 = 37.5%
- Apr 2009 = 49.7%
- Jun 2010 = 57.2%

Number of Agencies in the Bonus:

- Jan 2009 = 2
- Apr 2009 = 6
- Jun 2010 = 10

Medication Visit within 14 Days of Admission



Measure #6: Access to Treatment - Adults

Reflects the interval between initial contact and receipt of treatment services.

Bonus = See clinician for screening in 0-3 days

100% = Come in within 4-5 days and will see clinician

50% = Come in for paperwork 1-5 days, but won't see clinician

0% = Anything else

Measure #6: Access to Treatment - Adults

Results:

Number of Agencies in the Bonus:

- Jan 2009 = 5
- Apr 2009 = 13
- Oct 2009 = 15
- Jun 2010 = 14
- Jan 2012 = 13

Customer Count Changes

Results:

Number of customers served (CS01 and CS50):

- Jan 2009 = 23,500
- Apr 2009 = 26,149
- Jun 2010 = 28,103
- Jan 2012 = 29,913
- May 2012= 30,383

29.3% increase in customers served from January 2009 through May 2012

Group Two Measures

7. Improvement in CAR Score: Interpersonal Domain
8. Improvement in CAR Score: Medical/Physical Domain
9. Improvement in CAR Score: Self Care/Basic Needs Domain
10. Inpatient/Crisis Unit Community Tenure of 180 Days
11. Peer Support: % of Clients Who Receive a Peer Support Service
12. Access to Treatment - Children

Measure #7: Improvement in CAR Score: Interpersonal Domain

Results:

Agency Average (statewide standard = 24.8%):

- Jun 2009 = 25.6%
- Jul 2009 = 25.6%
- Jun 2010 = 36.4%
- Jan 2012 = 36.8%
- May 2012 = 37.6%

Number of Agencies in the Bonus:

- Jul 2009 = 4
- Jun 2010 = 7
- Jan 2012 = 6
- May 2012 = 6

Improvement in CAR Score: Interpersonal Domain

Measure #8: Improvement in CAR Score: Medical/Physical Domain

<u>Results</u>:

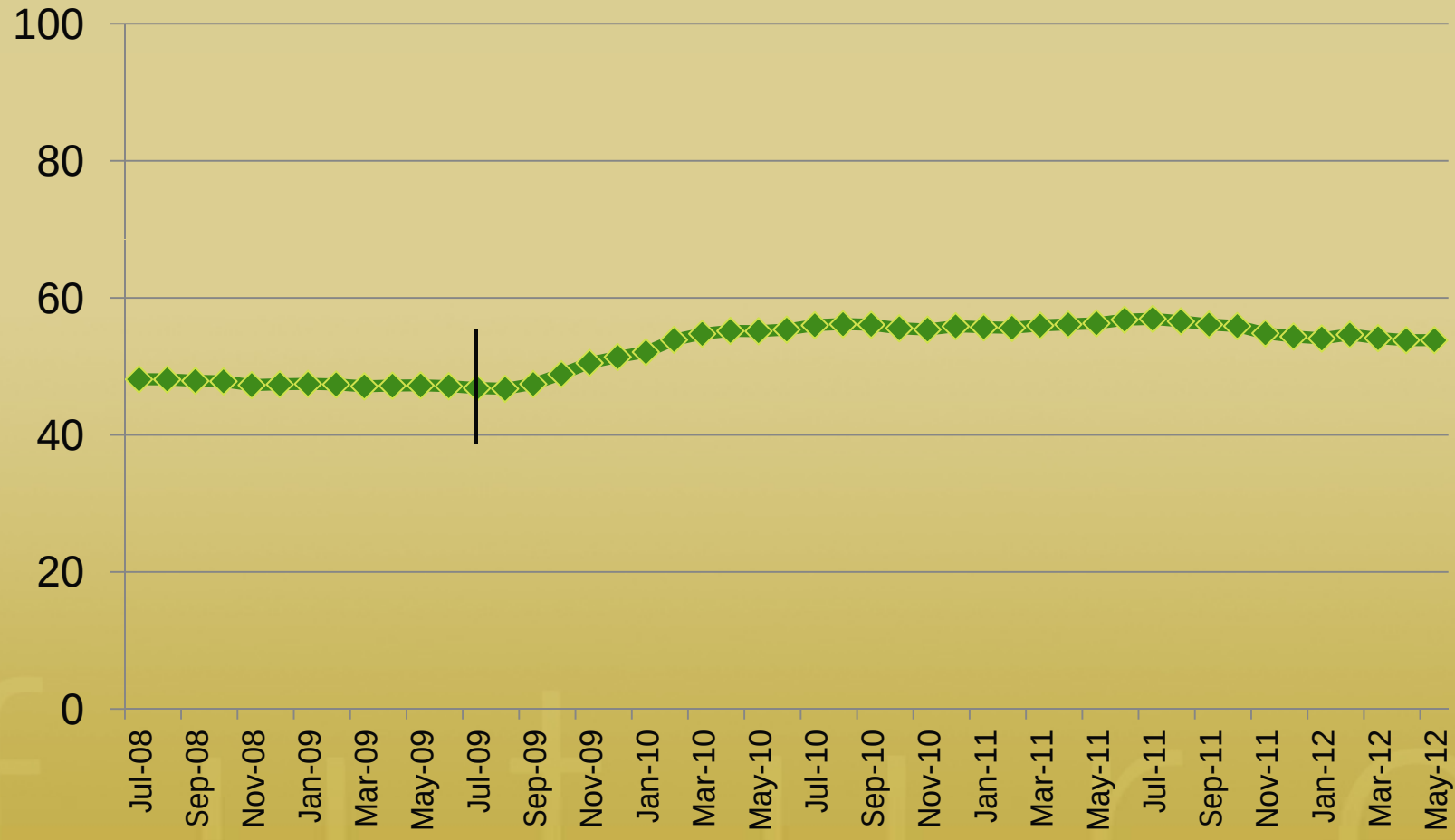
Agency Average (statewide standard = 42.7%):

Jun 2009	= 47.1%
Jul 2009	= 46.8%
Jun 2010	= 55.4%
Jan 2012	= 54.1%
May 2012	= 53.8%

Number of Agencies in the Bonus:

Jul 2009	= 5
Jun 2010	= 7
Jan 2012	= 7
May 2012	= 6

Improvement in CAR Score: Medical/Physical Domain



Measure #9: Improvement in CAR Score: Self Care/Basic Needs Domain

Results:

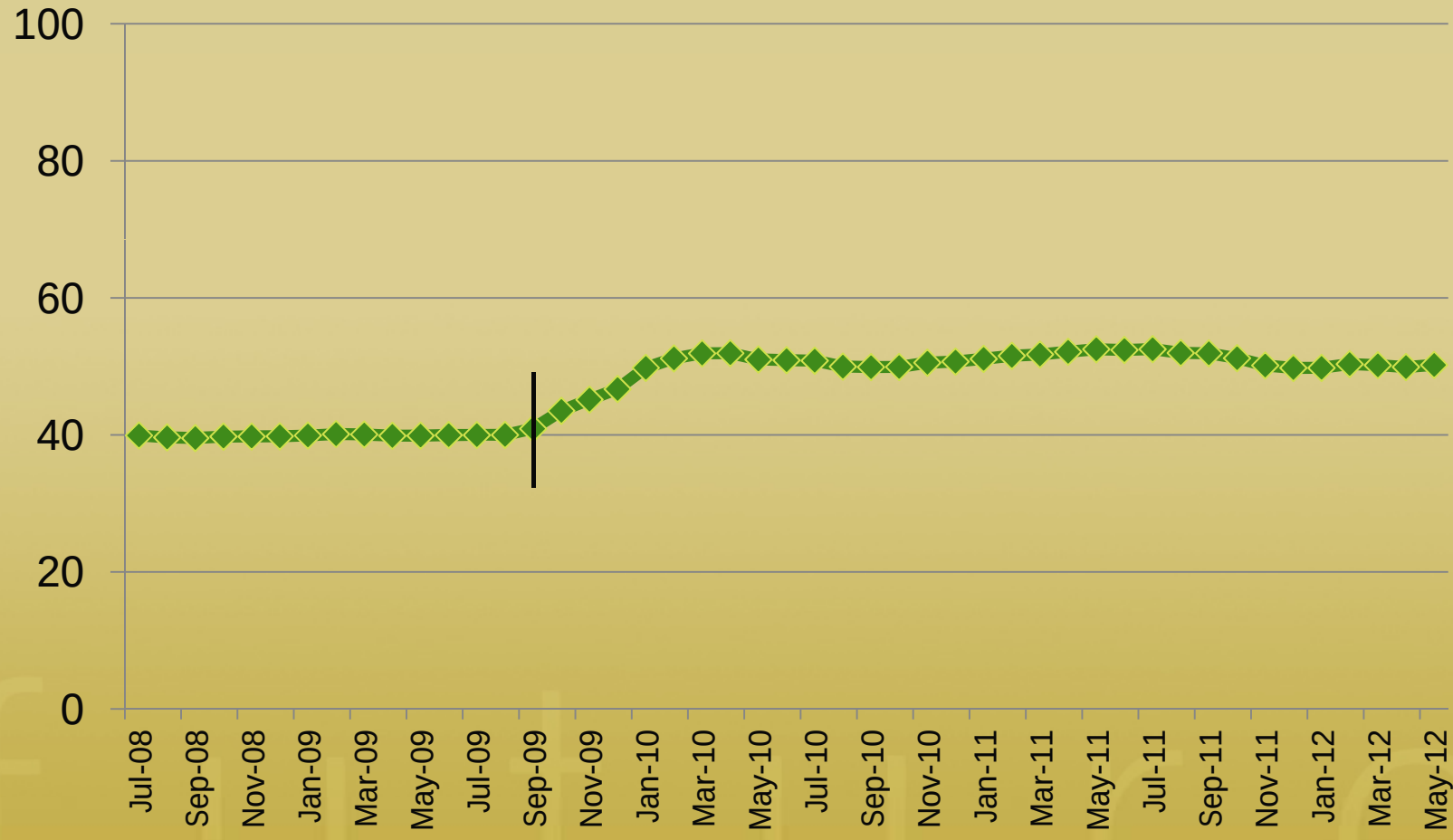
Agency Average (statewide standard = 39.4%):

- Jun 2009 = 40.0%
- Jul 2009 = 40.0%
- Jun 2010 = 50.9%
- Jan 2012 = 49.8%
- May 2012 = 50.2%

Number of Agencies in the Bonus:

- Jul 2009 = 6
- Jun 2010 = 7
- Jan 2012 = 5
- May 2012 = 5

Improvement in CAR Score: Self Care/Basic Needs Domain



Measure #10: Inpatient/Crisis Unit Community Tenure of 180 Days

Results:

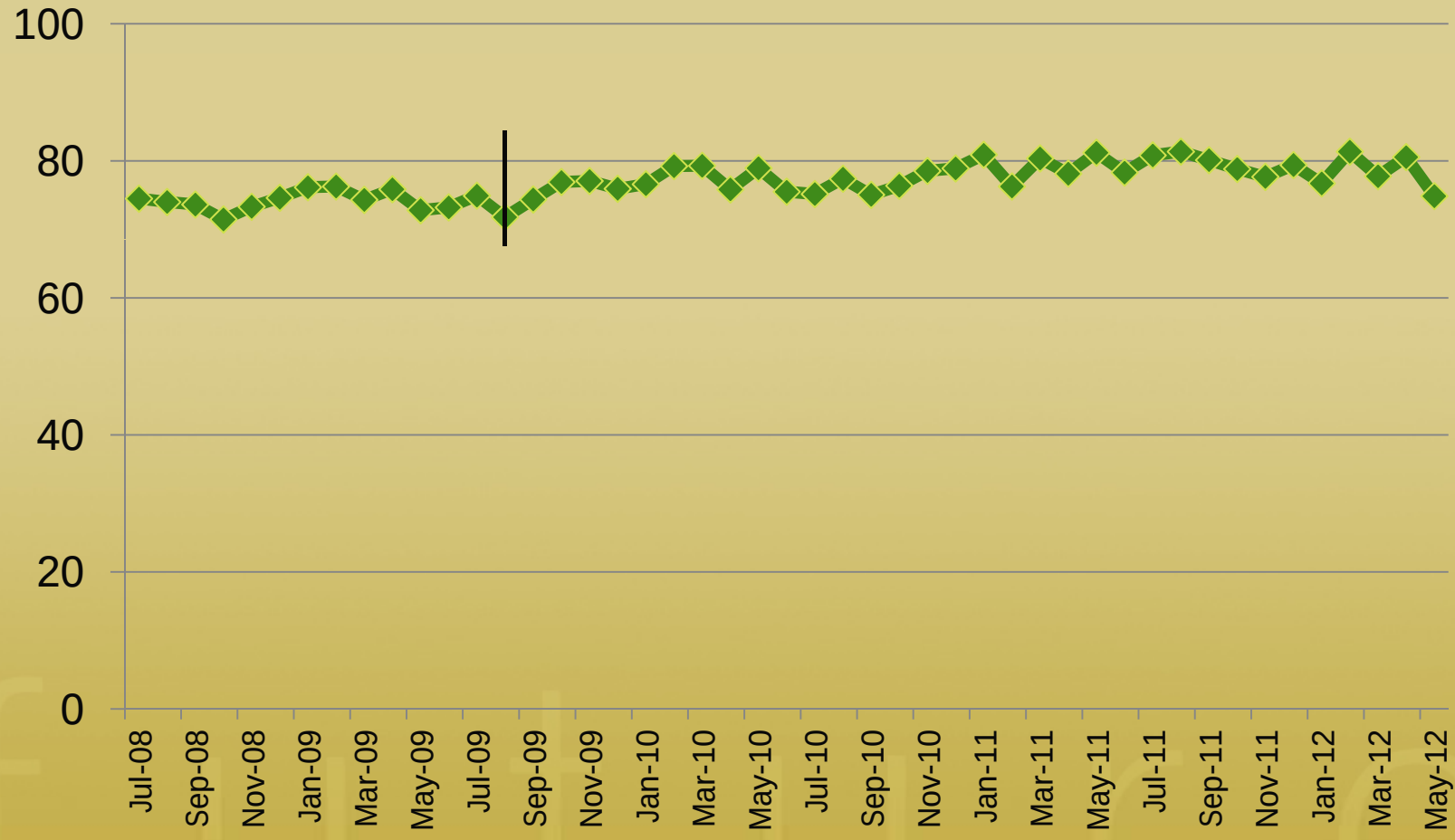
Agency Average (statewide standard = 78.5%):

- Jun 2009 = 73.2%
- Jul 2009 = 74.9%
- Jun 2010 = 75.3%
- Jan 2012 = 76.7%
- May 2012 = 74.8%

Number of Agencies in the Bonus:

- Jul 2009 = 1
- Jun 2010 = 4
- Jan 2012 = 2
- May 2012 = 3

Inpatient/Crisis Unit Community Tenure of 180 Days



Measure #11: Peer Support: % of clients who receive a peer support service

Results:

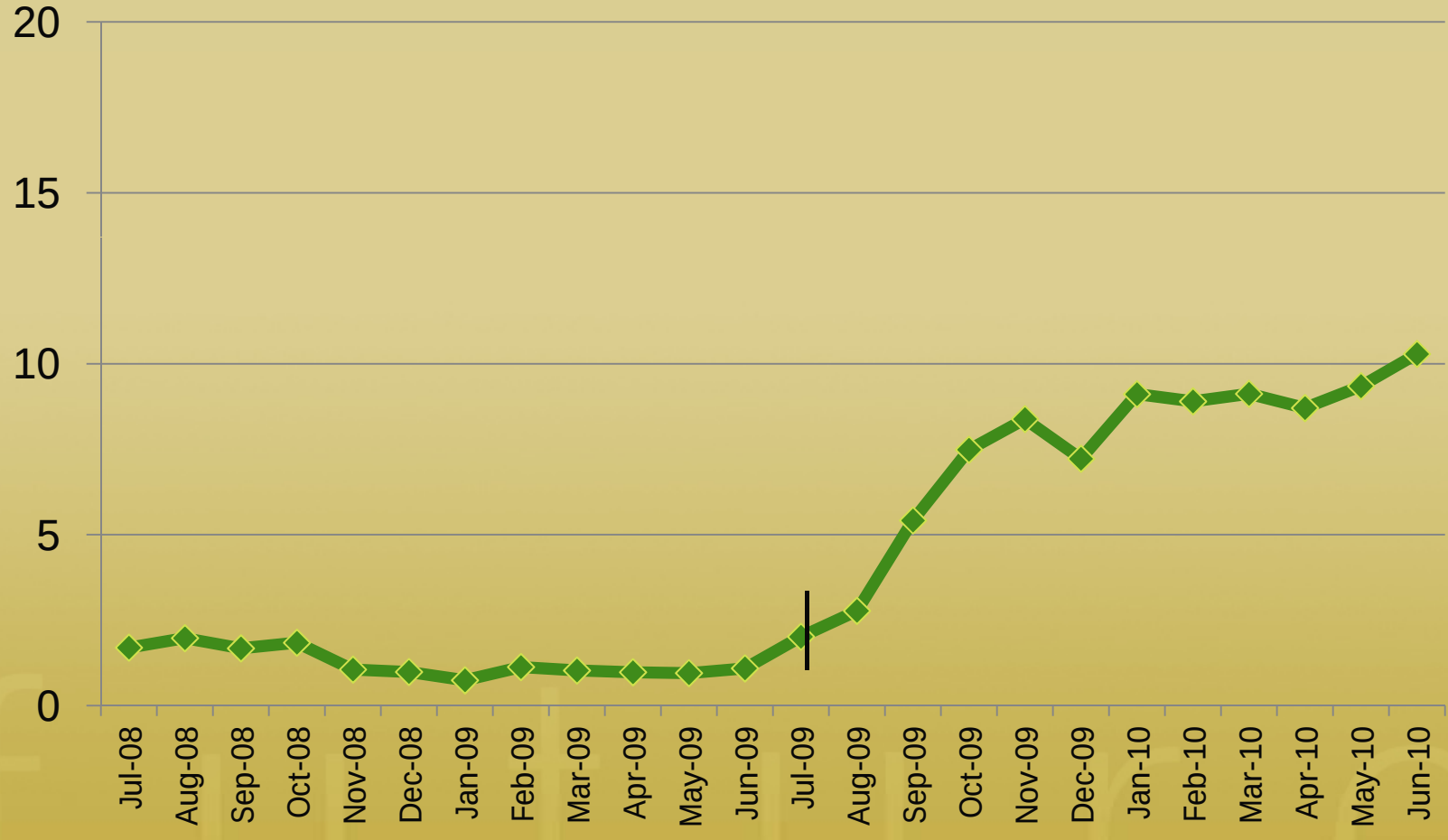
Agency Average (statewide standard = increasing standard):

- Jun 2009 = 1.1%
- Jul 2009 = 2.0%
- Jun 2010 = 10.3%
- Jan 2012 = 12.7%
- May 2012 = 11.1%

Number of Agencies in the Bonus:

- Jul 2009 = 1
- Jun 2010 = 8
- Jan 2012 = 10
- May 2012 = 9

Peer Support: % of clients who receive a peer support service



Measure #12: Access to Treatment - Children

Reflects the interval between initial contact and receipt of treatment services.

Bonus = See clinician for screening in 0-3 days

100% = Come in within 4-5 days and will see clinician

50% = Come in for paperwork 1-5 days, but won't see clinician

0% = Anything else

Measure #6: Access to Treatment - Children

Results:

Number of Agencies in the Bonus:

Oct 2009	= 8
Jun 2010	= 14
Jan 2012	= 11
May 2012	= 13

FINANCING & PAYMENT METHODOLOGY

Financing and Payment Methodology

- Calculate the difference between the providers claimed activities (as a whole) and the allowable UPL (upper payment limit: maximum amount that could be paid for Medicaid services under Medicare payment principles) = pool of funding to distribute based on performance.

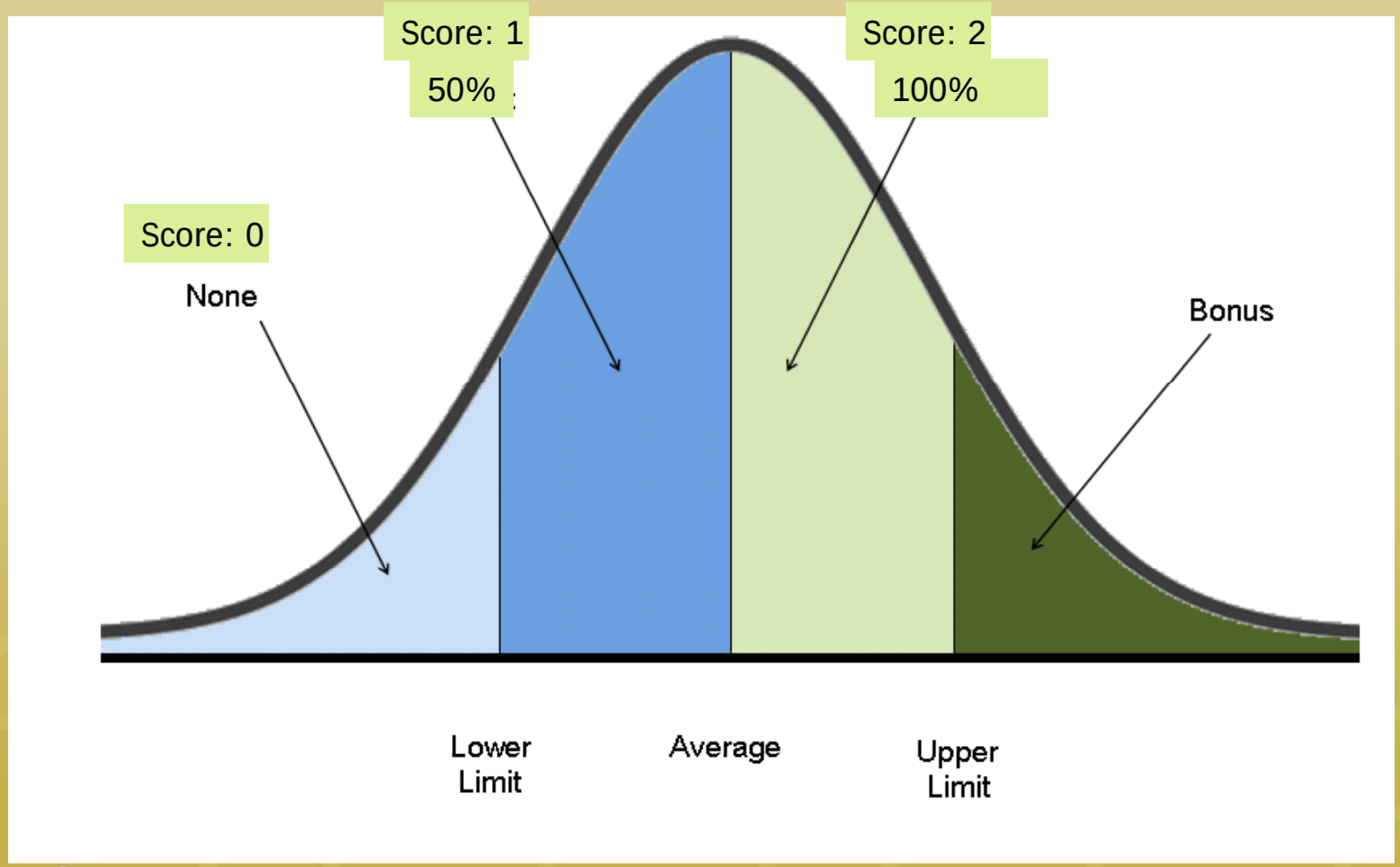
Financing and Payment Methodology

Dollars Earned		
FY09 (4 months)	$	6,000,000
FY10	$	19,741,111
FY11	$	28,757,445
FY12	$	29,158,053
TOTAL	**$**	**83,656,609**

Financing and Payment Methodology

- CMHC earnings are a combination of two calculations:
  - Percent of clients served.
  - Performance (each measure is calculated separately).

Benchmarks


Score: 1
50%
Score: 2
100%
Score: 0
None
Bonus
Lower Limit
Average
Upper Limit

Financing and Payment Methodology

	Scenario				
Matched amount to be paid out (FY12, 4th quarter)	**$6,018,072.00**				
Amount to be paid out per measure	**$501,506.00**				
	Measure 1 Score	**% of Clients**	**Amount Available**	**Amount Left on the Table**	**Earnings**
Agency A	0	25%	$ 125,376.50	$ 125,376.50	0
Agency B	1	25%	$ 125,376.50	$ 62,688.25	$ 62,688.25
Agency C	2	25%	$ 125,376.50	$ -	$125,376.50
Agency D	bonus	25%	$ 125,376.50	$ -	$313,441.25
TOTAL (for these 4 agencies only)			**$501,506.00**	**$188,064.75**	**$501,506.00**

Multiple Month Funding Summary Funding Calculatio

Jan-12 through Mar-12	Allocation			Funds Earned	
	Possible	Earned	Left Over	Bonus	Total
CARL ALBERT CMHC	207,723.42	197,337.25	10,386.17	4,557.75	201,894.99
CENTRAL OKLA CMHC	265,621.72	225,778.46	39,843.26	1,861.74	227,640.20
COUNSELING & RECOVERY SERVICES OF OKLAHOMA INC.	281,553.48	211,165.11	70,388.37	4,204.27	215,369.38
CREOKS MENTAL HEALTH	455,581.52	455,581.52	0.00	128,365.02	583,946.54
EDWIN FAIR CMHC	131,728.39	131,728.39	0.00	7,467.35	139,195.74
FAMILY & CHILDRENS SVCS	916,880.70	825,192.63	91,688.07	47,514.33	872,706.97
GRAND LAKE MENTAL HEALTH CENTER	438,206.48	438,206.48	0.00	126,941.50	565,147.99
GREEN COUNTRY MENTAL HLTH	145,439.69	138,167.70	7,271.98	14,093.96	152,261.66
HOPE COMMUNITY SVCS INC	360,990.20	342,940.69	18,049.51	22,439.08	365,379.76
JIM TALIAFERRO CMHC	199,840.80	169,864.68	29,976.12	4,384.79	174,249.47
MENTAL HLTH SVC SO OK	328,904.65	279,568.95	49,335.70	2,305.29	281,874.24
NORTH CARE CENTER	475,066.02	427,559.41	47,506.60	29,530.00	457,089.42
NORTHWEST CENTER FOR BEHAVIORAL HEALTH	278,278.30	250,450.47	27,827.83	8,490.31	258,940.78
RED ROCK CMHC	529,245.04	476,320.54	52,924.50	43,042.52	519,363.06
Statewide Total	**5,015,060.40**	**4,569,862.29**	**445,198.12**	**445,197.91**	**5,015,060.20**

Financing and Payment

Multiple Month Funding Summary Funding Calculation (ETPS)

Jan-12 through Mar-12	Allocation			Funds Earned		Statewide Percent			
	Possible	Earned	Left Over	Bonus	Total	Clients Served	Funds Earned	Overall Performance	
CARL ALBERT CMHC	207,723.42	197,337.25	10,386.17	4,557.75	201,894.99	4.14	4.03	☹	
CENTRAL OKLA CMHC	265,621.72	225,778.46	39,843.26	1,861.74	227,640.20	5.30	4.54	☹	
COUNSELING & RECOVERY SERVICES OF OKLAHOMA INC.	281,553.48	211,165.11	70,388.37	4,204.27	215,369.38	5.61	4.29	☹	
CREOKS MENTAL HEALTH	455,581.52	455,581.52	0.00	128,365.02	583,946.54	9.08	11.64		☺
EDWIN FAIR CMHC	131,728.39	131,728.39	0.00	7,467.35	139,195.74	2.63	2.78		☺
FAMILY & CHILDRENS SVCS	916,880.70	825,192.63	91,688.07	47,514.33	872,706.97	18.28	17.40	☹	
GRAND LAKE MENTAL HEALTH CENTER	438,206.48	438,206.48	0.00	126,941.50	565,147.99	8.74	11.27		☺
GREEN COUNTRY MENTAL HLTH	145,439.69	138,167.70	7,271.98	14,093.96	152,261.66	2.90	3.04		☺
HOPE COMMUNITY SVCS INC	360,990.20	342,940.69	18,049.51	22,439.08	365,379.76	7.20	7.29		☺
JIM TALIAFERRO CMHC	199,840.80	169,864.68	29,976.12	4,384.79	174,249.47	3.98	3.47	☹	
MENTAL HLTH SVC SO OK	328,904.65	279,568.95	49,335.70	2,305.29	281,874.24	6.56	5.62	☹	
NORTH CARE CENTER	475,066.02	427,559.41	47,506.60	29,530.00	457,089.42	9.47	9.11	☹	
NORTHWEST CENTER FOR BEHAVIORAL HEALTH	278,278.30	250,450.47	27,827.83	8,490.31	258,940.78	5.55	5.16	☹	
RED ROCK CMHC	529,245.04	476,320.54	52,924.50	43,042.52	519,363.06	10.55	10.36	☹	
Statewide Total	**5,015,060.40**	**4,569,862.29**	**445,198.12**	**445,197.91**	**5,015,060.20**				

Multiple Month Funding Calculations (E

FAMILY & CHILDRENS SVCS

Jan 2012 to Mar 2012

	Agency Score					All Clients Served = 90,343		Allocation	
	Positive Count	Total Count	Percent Positive	Comparison to Statewide Average	Percent of Allocation Earned	Agency	Percent	Possible	Earned
CARINTPER	5,532	13,032	42.45	+17.64	100	16,517	18.28	$91,688.07	$91,688.07
CARMED	7,292	13,064	55.82	+13.1	100	16,517	18.28	$91,688.07	$91,688.07
CARSELF	6,494	13,045	49.78	+10.34	100	16,517	18.28	$91,688.07	$91,688.07
Crisis Followup	886	968	91.53	+52.71	100	16,517	18.28	$91,688.07	$91,688.07
Drug Reduction	663	2,066	32.09	-2.03	50	16,517	18.28	$91,688.07	$45,844.04
Engaged	710	916	77.51	+32.21	100	16,517	18.28	$91,688.07	$91,688.07
Inpatient Followup	237	261	90.80	+37.3	100	16,517	18.28	$91,688.07	$91,688.07
Med Visit	522	941	55.47	+22.21	100	16,517	18.28	$91,688.07	$91,688.07
Peer	638	7,153	8.92	+1.92	100	16,517	18.28	$91,688.07	$91,688.07
Redmits	187	248	75.40	-3.12	50	16,517	18.28	$91,688.07	$45,844.04
								$916,880.70	**$825,192.63**

FAMILY & CHILDRENS SVCS

Jan 2012 to Mar 2012

	Bonus					
		Clients Served		Bonus Funds		
	In Bonus	Statewide	Percent	Available	Earned	Total Earned
CARINTPER	☺	55312	29.86	$16,445.21	$4,910.79	$96,598.86
CARMED	☺	47145	35.03	$64,182.18	$22,485.89	$114,173.96
CARSELF						$91,688.07
Crisis Followup	☺					$91,688.07
Drug Reduction						$45,844.04
Engaged	☺					$91,688.07
Inpatient Followup	☺					$91,688.06
Med Visit	☺	61420	26.89	$50,912.20	$13,691.25	$105,379.32
Peer	☺	72364	22.82	$28,155.33	$6,426.42	$98,114.49
Redmits						$45,844.04
						$872,706.97

Financing and Payment Methodology

Multiple Month Funding Calculations (ETPS) by Agency

FAMILY & CHILDRENS SVCS

Jan 2012 to Mar 2012

	Agency Score			Comparison to Statewide Average	Percent of Allocation Earned	All Clients Served = 90,343		Allocation		Bonus					
											Clients Served		Bonus Funds		
	Positive Count	Total Count	Percent Positive			Agency	Percent	Possible	Earned	In Bonus	Statewide	Percent	Available	Earned	Total Earned
CARINTPER	5,532	13,032	42.45	+17.64	100	16,517	18.28	$91,688.07	$91,688.07	☺	55312	29.86	$16,445.21	$4,910.79	$96,598.86
CARMED	7,292	13,064	55.82	+13.1	100	16,517	18.28	$91,688.07	$91,688.07	☺	47145	35.03	$64,182.18	$22,485.89	$114,173.96
CARSELF	6,494	13,045	49.78	+10.34	100	16,517	18.28	$91,688.07	$91,688.07						$91,688.07
Crisis Followup	886	968	91.53	+52.71	100	16,517	18.28	$91,688.07	$91,688.07	☺					$91,688.07
Drug Reduction	663	2,066	32.09	-2.03	50	16,517	18.28	$91,688.07	$45,844.04						$45,844.04
Engaged	710	916	77.51	+32.21	100	16,517	18.28	$91,688.07	$91,688.07	☺					$91,688.07
Inpatient Followup	237	261	90.80	+37.3	100	16,517	18.28	$91,688.07	$91,688.07	☺					$91,688.06
Med Visit	522	941	55.47	+22.21	100	16,517	18.28	$91,688.07	$91,688.07	☺	61420	26.89	$50,912.20	$13,691.25	$105,379.32
Peer	638	7,153	8.92	+1.92	100	16,517	18.28	$91,688.07	$91,688.07	☺	72364	22.82	$28,155.33	$6,426.42	$98,114.49
Redmits	187	248	75.40	-3.12	50	16,517	18.28	$91,688.07	$45,844.04						$45,844.04
								$916,880.70	**$825,192.63**						**$872,706.97**

PROVIDER FEEDBACK

Provider Feedback

- Changes provider made include:
  - hiring new staff so as to increase appointment availability
  - assigning staff to make “welcome calls”,
  - post-appointment follow-up and appointment reminder calls,
  - conducting trainings for “front-line” office staff to improve customer service,
  - enhancing tracking and supervisory systems and practices so as to better monitor engagement indicators.
- One provider described that including indicators of engagement as performance measures was, “....transformative in our service delivery system.”

Provider Feedback

- Concerned about measures that they perceived as having limited control
- Concerned about limited supply of psychiatrists, particularly in rural areas
- Providers found creative solutions to the problem
  - Employing tele-health
  - Developing a partnership with a local hospital
- Providers established (or improved) relationships with inpatient units

Provider Feedback

- Providers were quite supportive of one another's efforts
- CMHC directors shared changes they were making to their operations
- The ability to view one another's data bred a sort of healthy competition amongst providers

Provider Feedback

- One provider stated:
  - ***"This process occurred at a good time for change at our agency. We have undergone and are currently still makings lots of changes, mostly attitudinal, but overall philosophical changes. This process actually helped [us], although burdensome at times to be cognizant of doing things right and good."***

Other Findings

- Infusion of dollars has stabilized workforce by increasing their staff's tenure in organizations.
- Agencies have used dollars to increase training.
- Agencies use clinician level reports with staff as part of supervision, and have tied merit raises and bonuses to staff performance.
- State has used this initiative to further promote community integration and recovery oriented approaches, including use of peer services and implementation of important community approaches not funded by Medicaid.

SUMMARY

Summary

- Shows how mental health and substance use authorities and Medicaid agencies can address mutual goals.
- Promotes health improvement and aligns financial incentives to pay for the desired performance vs. paying for volume of services.
- Improves how the system performs.
- Focuses on what is most important to the State – enhancing outcomes.

The Future

- ACA- If the Medicaid portion of the ACA is implemented in Oklahoma, payments to providers based upon the outcomes achieved will increase dramatically in relation to the Medicaid services billed in the fee for service model.
- Oklahoma is developing a model for SA agencies, called Comprehensive Community Recovery Centers (CCRC's) which we hope to include in the ETPS system in the future.
- Raise the bar.

Q & A

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