1. Eligible Clients

To be eligible for participation in the capitation project the individual must:

- Be a Baltimore City resident or willing to relocate to Baltimore City
- Have a primary diagnosis of a major mental disorder causing significant impairment in psychosocial functioning, with one of the following diagnostic codes: 295.00-295.99, 296.00-297.1, 301.20-301.22, or 301.83.
- Must meet one or more of the following:
  - In a state psychiatric hospital for six consecutive months or longer; or
  - In a psychiatric hospital at least four times within the past two years; or
  - Seen at least seven times in an emergency room for treatment of a psychiatric condition in the past two years.

2. Scope of Services

The Baltimore City Capitation Project provides intensive, wrap around services to individuals with a serious and persistent mental illness. There are two providers of Capitation services: Chesapeake Connections, which is part of Mosaic Community services, and Creative Alternatives, part of Johns Hopkins Bayview Medical Center. Program staff is available on-call, 24 hours per day, seven days per week. Services are delivered by a multidisciplinary team and are community based, intensive and use assertive outreach, treatment and support to assist an individual to maintain a community residence. Caseloads are small and average 8 to 10 individuals per clinician. The duration, frequency and intensity of services provided are individualized and determined through collaboration between the client and the treatment team. Services are paid for through a capitated rate determined by the Mental Hygiene Administration (MHA).

The Providers provide and coordinate the full range of services needed by clients to live a meaningful life in the community including:

- Initial and on-going mental health assessment and evaluation;
- Mental health outpatient treatment;
- Mental health partial hospitalization;
- Mental health intensive outpatient services;
- Psychiatric rehabilitation services;
- Psychiatric inpatient treatment;
- Crisis, residential crisis, and respite services;
- Employment and vocational services;
- Education and skills training;
- Housing, residential support, and residential rehabilitation services;
- Co-occurring disorders services (groups and individual services for members dually disordered with mental illness and substance use disorders);
- Family support services;
- Transportation;
- Case management services;
- Entitlement application and coordination to ensure receipt of benefits.

The provider is also required to ensure the following:

- All clients receive the medications and other medical supplies needed for their care.
- Evaluation and treatment by a Psychiatrist eligible for certification or certified by the American Board of Psychiatry and Neurology is provided at a minimum once every three months or more often as needed or requested by the client. A physician in psychiatry residency training may follow clients, but a psychiatrist who has seen the clients must directly supervise the resident.
- Each enrolled client is seen as frequently as needed during the month and on no less than four (4) different dates.
- Each enrolled client is seen at least once in the client’s home or place of residence per month.
- Collaboration with the client to document a plan of service that details the individual’s needs, wants and goals is provided. The Provider is required to work with the client to meet the client’s identified goals.
- Extra services and monitoring to individuals at high risk for a negative outcome are provided. The Provider will maintain written policies and procedures outlining conditions under which visits and monitoring will be intensified.
- Linkage to initial and ongoing somatic, dental and vision care is provided.
- All reasonable measures are taken to ensure that any housing provider who receives funding from this project shall meet all applicable local, state, and federal requirements. The Provider must maintain documentation that these requirements are met.
- All medications dispensed, administered, monitored, or otherwise handled by Capitation staff are handled in accordance with state and federal regulations.

### 3. Payments to Providers

The Administrative Services Organization (ASO) manages claims from the Capitation Providers. Services are paid by the ASO based on claims submitted by each provider for clients who are eligible for Public Mental Health System (PMHS) services through Medicaid or Uninsured eligibility. Providers are also required to submit claims for services that are eligible for reimbursement from third party sources such as Medicare and Department of Rehabilitation Services (DORS).

Behavioral Health System Baltimore (BHSB) provides incentive payments to providers on an annual basis not to exceed a total of $100,000.00. The incentive is based on the Provider’s performance on mutually agreed upon criteria, which may include quality improvement and utilization activities and compliance with reporting requirements.
Additionally, BHSB makes funds available up to a maximum of $10,000.00 per fiscal year to subsidize services to partially active clients. Partially active status is reserved for clients with protracted admissions to facilities such as nursing homes and rehabilitation centers who need additional follow up following disenrollment and/or who may potentially re-enroll in the program. Services to partially active clients must be requested, approved by BHSB, and billed for payment.

4. ASO Role in the Payment Process

The providers submit claims monthly to the ASO for services to clients who are enrolled in care. ASO funds are paid at a rate of $2,410 per month for clients with Medicaid or Uninsured eligibility alone and a reduced rate of $2,259 per month for clients who also have Medicare coverage, as the providers are required to submit claims to Medicare for any mental health services that are eligible for reimbursement from Medicare. Providers are required to request and maintain uninsured eligibility through the ASO for all uninsured clients in the Capitation Project. A month of enrollment is defined as enrollment before the 16th of the month or disenrollment after the 15th of the month.

5. BHSB Documentation and Reports

BHSB conducts an evaluation of the Capitation Project which is shared with MHA and the providers (formerly this was done annually and currently it is conducted biennially). The evaluation for FY10 is attached and the evaluation for FY11 & FY12 is in process. Additionally, BHSB provides death reports and Morbidity and Mortality reports to MHA for any clients who die while in care of the program. MHA has access to CAPAT and are able to run reports from the database, including enrollment reports. The ASO generates Capitation project claims data documenting funds disbursed to the project.

6. Sub-vendors of the Two Capitation Providers

The providers are not permitted to assign or subcontract services without the prior written approval of BHSB. Currently, there are no sub-vendors of this project. Providers may arrange and pay for other services when deemed medically necessary by a psychiatrist who is privileged and qualified to evaluate the type of services needed for an individual client. Examples include: intensive sex therapy, crisis intervention, inpatient psychiatric care, and psychiatric rehabilitation.

7. CAPDAT Database

CAPDAT is used and the Capitation Project providers input data monthly. As mentioned previously, MHA has access to CAPDAT.

8. Quarterly Reviews

MHA has access to CAPDAT and can access the quarterly quality reports from the database.
Quarterly meetings are held including BHSB, the Capitation Medical Director, the Capitation Providers, and MHA Adult Services Staff to evaluate the functioning of the project and review quarterly data.

9. Enrollments and Disbursements Reports

MHA can generate reports on the number of enrolled clients via CAPDAT. The ASO provides claims data which includes disbursements to the Capitation project.