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1. **Introduction**

AHCCCS requested that Bailit Health perform a series of “crosswalks” to assess the extent of alignment between identified accreditation or certification programs and the AHCCCS Targeted Investment (TI) 2.0 milestones. Specifically, AHCCCS asked that Bailit Health review the following accreditation or certification standards and determine the degree of alignment with TI 2.0 milestones:

* The Commission on Accreditation of Rehabilitation Facilities (CARF)
	+ Behavioral Health (BH)
	+ Employment and Community Services (ECS)
	+ Opioid Treatment Program (OTP)
* Council on Accreditation / Social Current
* The Health Resources and Servies Administration (HRSA)
* The Joint Commission
	+ Ambulatory Care
	+ Behavioral Health
* The National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH)
* Substance Abuse and Mental Health Services Administration (SAMHSA) Certified Community Behavioral Health Clinics (CCBHCs)
* Utilization Review Accreditation Commission (URAC)[[1]](#footnote-2)

This memo describes Bailit Health’s approach to the crosswalks and provides a summary of our findings. We’ve provided the crosswalks as a separate attachment.

1. **Methodology**

At the direction of AHCCCS, Bailit Health purchased (or where possible, accessed for free) accreditation or certification standards for the requested organizations. Bailit Health reviewed each set of standards and identified language from the standards that related to each TI 2.0 milestone. We developed a crosswalk table that includes the TI 2.0 milestones and the relevant standards language. We found that some accreditation and certification programs, including NCQA’s PCMH, have optional standards. In addition, some program standards apply based on the scope of services or populations served by the organization seeking accreditation.

If Bailit Health found alignment between the language included in an organization’s standards and a TI 2.0 milestone, or a component of a milestone, we highlighted the relevant TI 2.0 text in green. Where a component of a TI 2.0 milestone appeared to be satisfied by an optional/conditional standard of an accreditation program, we highlighted the relevant TI 2.0 text in orange.

At the top of each crosswalk document, as well as in Table 1 below, we provide a brief description of the relevant accreditation or certification standards and a high-level assessment of where there is alignment between the standards and the TI 2.0 milestones, if any.

1. **Key Findings and Summary Table**

None of the programs that we reviewed satisfied all the TI 2.0 milestones, and rarely did a program’s standards meet all components within a single milestone. In Table 1, Bailit Health indicated that the TI 2.0 standards were “not met” by an accreditation or certification program where none of the TI 2.0 components were satisfied. Bailit Health indicated that an accreditation or certification program “partially met” TI 2.0 milestones when there was *some* alignment with certain components of one or more milestones. Partially met applies when accreditation or certification standards:

* meet multiple components of a single milestone;
* meet a single component of one or multiple milestones; or
* meet all components of one or more milestones but not all milestones.

**Table 1. Summary of Degree of Alignment**

| **Standards**  | **Description**   | **Assessment**  | **Crosswalk Details**  |
| --- | --- | --- | --- |
| **CARF Behavioral Health (BH)**  | CARF BH standards establish an accreditation framework for behavioral health organizations that provide “programs and services for integrated behavioral health, mental health, substance use disorders/addictions, psychosocial rehabilitation, and family services.”[[2]](#footnote-3)  | Partially Met  | CARF BH standards partially satisfy TI 2.0 milestones, particularly around Culturally and Linguistically Appropriate Services (CLAS), tobacco cessation, and care coordination.  |
| **CARF Opioid Treatment Program (OTP)**  | CARF accredits Opioid Treatment Programs (OTPs), which “provide medication-assisted treatment for persons diagnosed with opioid use disorder using any of three FDA-approved medications (methadone, buprenorphine, and naltrexone).”[[3]](#footnote-4)  | Partially Met  | For the most part, CARF OTP standards do not satisfy the TI 2.0 milestones. However, there are some aspects of the standards that align more closely with components of the TI 2.0 milestones, including around tobacco cessation and care coordination.   |
| **CARF Employment and Community Services (ECS)**  | CARF ECS standards provide an accreditation framework for programs and services that provide employment and life skill development and support for persons to live and work as independently as possible.[[4]](#footnote-5)  | Not Met  | There are some elements of the CARF ECS standards that broadly pertain to the TI 2.0 milestones, but not directly enough to satisfy any milestones or milestone components.   |
| **NCQA Patient-Centered Medical Home (PCMH)**  | To meet the NCQA PCMH standards, primary care medical practices must meet all core requirements. In addition, they must gain 25 points by meeting a combination of elective requirements, which are assigned a specific number of points. Therefore, whether a practice fulfills the elective requirements must be determined on a case-by-case basis.    | Partially Met  | Only one component of a TI 2.0 milestone is achieved via a core NCQA PCMH standard, which is to screen members for health-related social needs. Several other criteria pertaining to health-related social needs (HRSNs), team-based care, behavioral health screenings, and establishing partnerships with/making referrals to CBOs *could* be satisfied for all areas of concentration and adult and pediatric concentrations with NCQA PCMH *elective* credits. However, the assessment of whether the practice has met the milestones would need to be determined on a practice-specific (i.e., case-by-case) basis given that the standards are elective, and an organization may or may not opt to fulfill those specific elective standards.      |
| **Joint Commission Ambulatory Care**  | The Joint Commission Ambulatory Care standards evaluate ambulatory care organizations in the United States.  | Partially Met  | There are some Ambulatory Care standards that align with aspects of milestone 2, specifically CLAS, and milestones 3 and 5 pertaining to HRSNs, which apply to All Areas of Concentration. Otherwise, the TI 2.0 criteria are not met by the Joint Commission Ambulatory Care standards.  |
| **Joint Commission Behavioral Health Care and Human Services**  | Some of the Joint Commission standards only apply to specific types of organizations depending on what services they provide.   | Partially Met   | There are some Behavioral Health Care and Human Services standards that align with aspects of milestone 2, specifically CLAS, and milestones 3 and 5 pertaining to HRSNs. Otherwise, the TI 2.0 criteria are not met by the Joint Commission Behavioral Health Care and Human Services standards.    |
| **SAMHSA CCBHC**  | SAMHSA CCBHC certification criteria define uniform standards providers must meet to be a CCBHC.  | Partially Met  | SAMHSA CCBHC standards partially satisfy TI 2.0 milestones, particularly for CLAS, HRSN screening, postpartum depression screening, and care coordination.   |
| **Social Current Private Organizations**  | Social Current private organization accreditation is for non-profit or for-profit organizations in the United States that offer social and human services. The Social Current standards are split into three groups of standards. The first two, Administration and Management Standards and Service Delivery Administration Standards, apply to all organizations. The third group of standards, Service Standards, are applied to organizations depending on their scope of services and populations served.   | Partially Met  | A couple of the requirements regarding CLAS standards and partnerships with CBOs (which apply to All Areas of Concentration in the TI 2.0 program) are satisfied by the Social Current standards. Some of the TI 2.0 criteria pertaining to HRSNs and behavioral health for the Adult and Pediatric Primary Care Concentrations and Adult Behavioral Heath Concentration *could* be fulfilled by the Service Standards. Whether an organization fulfills some of the TI 2.0 criteria would need to be determined on a case-by-case basis, given that the Service Standards depend on the organization’s scope of services and populations served.  |
| **HRSA Health Disparities Reducer Badge**  | The Health Disparities Reducer Badge is part of HRSA’s Community Health Quality Recognition program and focuses on clinical quality measure performance for Health Center Programs or look-alikes. | Not Met  | While the clinical quality measures required for the Health Disparities Reducer Badge may loosely overlap with some areas addressed in the TI 2.0 milestones, the badge does not appear to sufficiently satisfy any TI 2.0 milestones.   |
| **URAC**  |   | TBD  | Bailit Health is awaiting clarification on which URAC standard(s) AHCCCS would like cross walked with the TI 2.0 standards.   |

1. Bailit Health is awaiting clarification on which URAC standard(s) AHCCCS would like cross walked with the TI 2.0 standards. [↑](#footnote-ref-2)
2. <https://carf.org/accreditation/programs/behavioral-health/> [↑](#footnote-ref-3)
3. <https://carf.org/accreditation/programs/opioid-treatment/> [↑](#footnote-ref-4)
4. <https://carf.org/accreditation/programs/employment-community/> [↑](#footnote-ref-5)