Behavioral Health Homes FAQs

February 19, 2015

General Information

1. What is a Behavioral Health Home (BHH)?

A Behavioral Health Home is not a housing program or group home. It is a place where people who receive mental health services can also receive assistance with physical health care needs. Connecticut's Behavioral Health Home services are a new way for current care teams to help with medical, behavioral health and community service needs. The goal of Behavioral Health Homes is to help improve overall health.

2. What services are available through BHHs?

There are six Behavioral Health Home Core Services:

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Patient and family support
- Referral to community support services

3. Are there costs related to receiving BHH services?

BHH services are provided to those with eligible for Medicaid; consequently there is no charge to the participant for these services.

4. Where do I find more information about BHH services?

www.ct.gov/dmhas/BHH or from your current Mental Health Provider.

For BHH Service Recipients

1. How do I find out if I'm eligible for BHH services?

DMHAS issues a list of eligible participants to Designated Provider Agencies. If you are on the list, a member of your care team will be in touch with you to explain the benefits and to have you consent for care.

2. Who do I speak to if I'm interested in receiving BHH services?

In order to be eligible you must meet certain criteria. A member of your care team can tell you whether you have been identified as eligible to receive these services.

3. What do I do if I'm not longer interested in receiving BHH services?

Though BHH services are enhanced services designed to benefit participants, participation in BHH services is voluntary. Those who opt out or withdraw should be assisted with completing the Opt Out/Withdrawal Form.

4. What do I do if I only want to receive certain BHH services and not others?

Agencies must provide the 6 core services to eligible participants. If you are not interested in receiving all of these services you will not be able to participate. You *are* able to change your mind. If you decide later that you would like to receive these services, speak with a member of your team.

5. How do BHH services differ from the services I'm already receiving from my provider?

In addition to behavioral health/mental health services, as a BHH participant you are also eligible for your care team to assist you with your physical health/medical health needs.

To do this, BHH goals will be incorporated into existing Recovery Plans and your current staff will provide you the 6 core BHH services in your existing program.

The six Behavioral Health Home Core Services are:

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Patient and family support
- Referral to community support services

6. Since I'm eligible for BHH services through my Medicaid insurance, what happens to my services if I no longer have Medicaid coverage?

A temporary loss of your Medicaid coverage (due to spend down for instance) will not impact your BHH services. However because you must be on Medicaid to receive BHH services you must do what you can to respond to Medicaid rules and application requirements.

7. Why does my behavioral health provider need to speak to my doctors about my medical issues?

The goal of BHH services is to improve how YOU manage your health care needs. Though sometimes help is needed scheduling appointments or following through with Doctor's instructions about your care. To do this, your behavioral health provider may need to speak with, or receive information (lab results, for example) from your Primary Care Provider.

For BHH Provider Staff

1. How do I explain BHH to a client?

The introductory letter should be used to introduce BHH services to individuals. First and foremost, we want people to understand that *participation in Behavioral Health Home services is an opportunity to receive enhanced care*. While we'd like to be able to offer these services to everyone, Behavioral Health Home services are offered to a select group of people who may be interested in addressing their physical health care needs while they continue to receive behavioral/mental health services.

In addition Washington State has offered the following tips:

Introducing Behavioral Health Home services to eligible enrollees with multiple chronic conditions will require a variety of outreach and engagement techniques.

What matters to clients is often not to have better blood pressure or a lower blood sugar. What they usually want is to feel better, not die before their time, and be able to do what they need to do to get through a day without pain or fatigue. With every contact we need to keep this in mind and be sure we are customizing our approach with each client, and, when appropriate, their caregivers.

2. How do I know who can receive BHH services at our agency?

Your agency has been provided a list of eligible Behavioral Health Home enrollees who have been determined to be eligible for BHH services. Eligibility includes active enrollment in Medicaid, Medicaid claims of more than $10,000 in the last year, and a diagnosis of SPMI diagnosis (serious and persistent mental illness, defined as Schizophrenia and Psychotic Disorders (295.1-295.35, 295.60-295.75, 295.9x, and 297.1); Mood Disorders (296.0x, 296.3-296.6, 296.89); Anxiety Disorders (300.21-300.23); Obsessive Compulsive Disorder (300.3); Post-Traumatic Stress Disorder (309.81); and Borderline Personality Disorder (301.83).

3. How does a client become a BHH client in our system?

To be determined eligible a person must be enrolled in Medicaid; have Medicaid claims of more than $10,000 in the eligibility year; and a diagnosis of SPMI diagnosis (serious and persistent mental illness, defined as Schizophrenia and Psychotic Disorders (295.1-295.35, 295.60-295.75, 295.9x, and 297.1); Mood Disorders (296.0x, 296.3-296.6, 296.89); Anxiety Disorders (300.21-300.23); Obsessive Compulsive Disorder (300.3); Post-Traumatic Stress Disorder (309.81); and Borderline Personality Disorder (301.83).

4. How do BHH services differ from the other services we already provide?

Aside from the attention to people's medical health needs, we anticipate minimal changes to how CSP/RP and ACT services are delivered. Team leaders report that they are already doing this health-related work. BHH is an effort to account for this good work and track health-related outcomes for the teams.

Treatment planning will remain largely the same, except for inclusion of health-related goals for BHH enrollees.

A separate BHH care plan is not necessary. BHH goals should be incorporated into existing Recovery Plans.

5. What training or educational resources are available for staff working as part of a BHH?

We have been seeking and gathering curriculum used by other states and intend to use a combination of the Implementation Sessions, LMS Learning Community, and other on-site trainings (either at facility locations or centralized locations) to assure that staff have access to necessary resources. In addition, we are very interested in hearing about innovative practices within organizations around staff training and development and are seeking to form workgroups comprised of multi-disciplinary champions to assist with development.

The ASO, CT Partners for Integrated Care will be coordinating trainings and technical assistance over the course of the next two years.

6. How does staff document the BHH services provided?

Consistent with Targeted Case management (TCM) documentation, Behavioral Health Home documentation must indicate the following:

- Date, time, duration & location of service
- Goal - relate to the treatment plan
- Intervention - description of BHH service
- Response - client's response to the service/progress towards goal
- Plan - for the next time the staff person sees the client
- Signature, credentials, signature date

In addition all documentation must be legible; based on "medical necessity" and contain a psychiatric diagnostic evaluation and/or comprehensive assessment.

The recovery plan must contain:

- identified problem(s) / area(s) of physical health care need
- BHH goal (s), objective(s) and/or intervention(s)
- interventions with anticipated duration/frequency and target date
- responsible persons
- must be current

7. Can an outpatient clinician provide BHH services?

Yes.

8. Can BHH services be provided over the phone?

Yes, all BHH core services may be provided over the phone with, or on behalf of the BHH participant.

9. What are the additional reporting requirements for being a BHH provider?

In addition to documentation in the BHH participant's clinical record BHH Designated Providers will be required to report BHH outcome measures to the Department and/or the ASO. Most of these will be collected through existing data collection and reporting processes (i.e, in WITS and DDaP) however there will be a few new reporting requirements. The first is the reporting of the completion of a depression screen and follow up. The reporting of this activity will be collected through service codes G8431 and G8510. Providers will also report Body Mass Index (BMI), blood pressure and tobacco use and cessation services received by the participant.

10. Is there additional paperwork that will need to be completed with BHH clients?

Except for appropriate consents for care and releases of information and the documentation of services, there is no additional paperwork that is required for BHH participation. Subtle changes have been made to existing records and reporting to capture the information needed for BHH outcome measure and service tracking.

11. What do I need to do if a client wants to opt out of their BHH services?

Of course, it is anticipated that BHH Designated Providers will emphasize the benefit of participation in BHH services however, participation is voluntary. Those who opt out or withdraw should be assisted with completing the Opt Out/Withdrawal Form. This completed form is to be submitted by fax to DMHAS and/or the ASO.

12. What do we do when a BHH client loses their Medicaid coverage?

A temporary loss of Medicaid will not affect a person's eligibility for BHH services. BHH Team members should of course, assist people with lapses in Medicaid coverage to re-gain coverage. In addition BHH services should include on-going support to sustain uninterrupted Medicaid benefits by assisting with re-determination and with submission of verifications that could impact eligibility, i.e., proof of change of address, income or assets, if applicable.