



BHH Designated Provider Agency Implementation Session

August, 26, 2016 • 1:30pm to 3:00pm
RVS – Howard Reid Conference Room
Middletown, CT



Facilitated By: DMHAS (Cheryl Stockford and Jessica Deflumer-Trapp)

Attendance: WCMHN (Ellen Severn & Jocelyne Karam); OOC (Lauren Staiger & Susan Hamel); CMHA (Deb Dutkiewicz & Chris Porcher); United Services (Lori Behling); BHcare (Sandy Lombardi & Alex Kosakowski); SMHA (Stephenie Guess); CMHC (Nancy Watsky); CHR (Donna Wertz & Courtney Sheehan); Sound (Enrique Juncadella); Rushford (Jennifer Williams & Jennifer Vega); InterCommunity (Ryan MacDonough); ASO (Dan Quinn & Denise Roberts)

Call-in: United Services (Jennifer Mastrangelo); BHcare (Crystal Cochrane); SWCMHS (Diane Sheehan)

Data Quality Updates and Discussions

- **Data Reconciliation**

- Beacon Scrub Report- looks at Medicaid Database for information. This report might reveal lapses in Medicaid coverage for some clients due to when the data is extracted
- Waiver Clients-some clients are not flagged as BHH waiver and should be. Clients need accurate dates of when their waiver started. This issue can be resolved using the BHH Enrollee Waiver Report.
- EHR Issues: Issues with Qualifacts payor – the payor is dropping off some clients from month-to-month
 - PNPs are working with Lauren to reconcile
 - Lauren will send out an email to providers when changes have been made
- Medicaid QMB – there is a final document being prepared to assist providers in managing BHH enrollment/payors for QMB clients. Once this document is released, feedback from the providers is appreciated.
 - Scheduled to be released the week of 08.29.16

- **Report and Data Collection Chart**

- Chart includes a description of the report, location (where it is available), timeline (when and how often they will receive the report), and the contact person
- The purpose of the chart is to organize report resources in one place.
- A more in-depth look at reports and their locations will take place at the next learning collaborative on Friday, September 23.

- **Audits**

- Audit tool previewed by people who piloted the process.
- Currently coordinating meetings, scheduled to take place in September, to discuss the audit tool and process
 - The BHH audit process is not related to Billing or state-operated audits

- Purpose: to ensure the quality of BHH documentation (ex. signing consent, notes reflect recovery plan, clients have goals related to BHH, etc.)
 - Goal: to begin audits in the fall and have them completed within two months. Following initial audit, audits will take place annually
 - The plan is to start with agencies that are not serving children, to allow agencies serving children more time to have children's charts included in the audit.
- **Outcome data questions**
 - Some people have reported experiencing internal barriers preventing them from completing health assessments
 - Positive Depression Screening
 - No universal procedures for flagging a positive depression. Agencies are encouraged to share their policies for the administration of PHQ9
 - RVS and WCMHN have developed a working process for depression screenings that they are willing to share with other agencies
 - Health Assessment
 - Some names do not show when searching by Medicaid ID
 - Dan reminded attendees that no one from the new roster is included in the health assessment workbook. If someone was enrolled in the last two months they will not appear until the new health assessment workbook is released.
 - Will the tobacco cessation dates be different than the other assessments since they may occur before the 90 day requirement for the tobacco cessation?
 - Yes, the dates for the tobacco cessation portion of the health assessment might be different, if other screenings occurred at least three months ago
 - Reminder to PNPs that they use the DDaP assessment, the Excel workbook is intended for SO reporting
 - Within the next couple of weeks, PNPs will know who submitted a health assessment.
 - The contracted performance measure for BHHs is that 90% of enrollees will receive a health assessment at least once a year.

Children and NAE

- **Children**
 - To date, only Bridges and CMHA have enrolled children
 - BHH children's planning meeting is scheduled for Friday, September 23. More information to come.
- **Referrals for ICM, Waiver, Nursing Home Diversion**
 - State-operated agencies-assume clients referred from these agencies are in need of clinical services. Referral programs understand that until a process is identified for

SO agencies to enroll those only seeking BHH services a referral may be denied if a person is not in need of clinical services. Facilitating enrollment/intake at your agency for clinical services is a BHH service and should be provided for anyone in need.

- RVS – roster had BHH eligible clients receiving clinical services at Gilead. RVS's BHH team is currently exploring ways to enroll them into BHH because clients are interested in joining.
- **NAE clients**
 - Providers report that the NAE list received from ABH has been very helpful
 - NAE BHH program
 - Clients in the BHH only program can remain flagged as BHH Medicaid in DDaP/WITS so that agencies do not have to change enrollment status between program transfers.
 - But if the NAE client begins case management, they have to be removed from the BHH NAE program and begin case management. These two programs cannot co-exist.
 - Other NAE clients
 - BHHs must do in-takes for these clients. Some agencies are enrolling them in case management programs because of agency-specific requirements.

Achieving Service Percentages

- DMHAS reminded attendees that June 30 was the deadline to have met targets; a fair number of agencies have not succeeded in achieving the targets.
- Currently, the statewide BHH enrollment number is 7088.
- 80% of agencies achieved 85% or more of their targets.
- Agencies should be ensuring at least 90% of enrollees are receiving services (at least 1 service per month).
- **Serving hard-to-reach clients**
 - Motivational interviewing
 - Cater services to meet the requirements of the clients
 - Readdress their desire to be in BHH
- Sound is interested in acting as a pilot for developing a process to enroll more than target to create a buffer of clients to give services to. That way, hard-to-reach clients will not interfere with achieving service target requirements
- Service data showing 90% of services have been face-to-face. The BHH model is not designed to do face-to-face contact for all clients. Reminder:
 - Contact can be over the phone
 - Contact does not have to be with client; can be with doctor, family member, specialist, etc.

Upcoming Meetings

- September 9th
 - 11:00am-12:30pm: PC and Peer Meeting

- 1:30pm-3:00pm: Implementation Session
- September 23
 - 9:00am-10:00am: tentative meeting/call for child-serving agencies
 - 10:30am-12:30pm: “Oh The Places You’ll Go” – a journey to the places you can go for your information, data, and reporting needs
 - 1:30pm-3:00pm: Implementation Session
- Spectrum Training
 - It is now fully operational. Manual has been created.
 - There will be webinar trainings during the last week of September/first week of October