

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Behavioral Health Homes

Practice Guideline #3

BHH Practice Guideline:

Management of Shared Clients

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Purpose:

Outline the processes determining BHH assignment of clients simultaneously attributed to two or more agencies.

Effective Date:

10/6/2016

Target Group:

BHH Directors

Contacts for Questions:

BHH Provider and
Customer Service at
1-844-551-2736

Practice Summary:

This practice guideline identifies the provider expectations for determining which BHH designated provider will assume responsibility for providing BHH services to a client simultaneously enrolled in services at two or more agencies.

Definitions:

“Well-engaged”: the client has received one or more services in a month from the provider.

“Attribute”: assign client a BHH Medicaid or BHH waiver payor.

“Discharged”: no open programs at the agency, including the BHH NAE program.

Expected Steps for Provider Implementation:

1. Check to see if the client is well-engaged at each agency by checking the number of services received in a month and identifying by which program/level of care those services were provided. See tools and resources below.
2. If the client is discharged or withdrew from BHH at one agency and is open in the other, attribute BHH services to the agency in which the client remains open.
3. If the client is well-engaged at each agency, ask the client if he/she has a preference. BHH is a person-centered initiative, respecting client choice. For the client who expresses no preference, follow these guidelines:
 - a. If the client is engaged in case management services such as CSP, ACT or YAS, attribute the client to the agency providing these services.
 - b. If the client receives case management services at one agency and outpatient services at another, attribute BHH to the agency providing case management services.
 - c. If the client receives case management services at one agency and social rehab services at another, attribute BHH to the agency providing case management services.
 - d. If the client receives clinical services at one agency and residential services at another, attribute BHH to the agency providing residential services, where they are also getting case management.
 - e. While there may be some exceptions where the clinical provider is the agency that provides BHH, in most cases BHH services are provided by the case management provider.
4. If the client is discharged in both, but is interested in BHH services, attribute BHH enrollment to the agency that the client chooses. Most likely, this will be through the BHH NAE Program.

Data and Reporting Requirements or Changes:

- BHH Medicaid and BHH Waiver payor start dates should reflect a client’s enrollment period for BHH. If a client is discharged from all programs, and then comes back to BHH, the payor end date must be added to indicate when BHH enrollment previously ended, and a new start date added to reflect re-enrollment to BHH.

Available Tools/Resources:

- DMHAS EDW for BHH enrollment information for state operated BHHs
- BHH Toll-Free # to identify BHH enrollment information for PNP BHHs