



BHH Designated Provider Agency Working Group

September 18, 2020 • 1:00pm to 3:00pm

1 646 876 9923 Code 946 2041 1334

<https://beaconhealthoptions.zoom.us/j/aeHIK0N1w8>



1. DMHAS, ASO, and Provider Updates (1:00pm-1:30pm)

a. DMHAS Updates

- Billing

2. Service Delivery and Client Engagement During Pandemic (1:30pm-2:00pm)

a. The discussion for this workgroup focused on the following questions:

- How can we use the data to examine the impact of the COVID-19 pandemic on service delivery?

1. Use the DMHAS BHH Client Summary Report to:

- a. Compare 2019 number of services to 2020 number of services
- b. Identify any changes in types of services being provided
- c. Identify clients that have not received any services

2. Conduct an internal review of client records to:

- a. See if clients are consistently receiving services
- b. Ensure staff are able to offer all 6 BHH core services

3. Gain access to Hartford Healthcare or Yale EPIC to:

- a. Identify gaps in care
- b. Access notes from different doctors and specialists

- What are some factors to consider when identifying clients at risk of disengagement?

1. If there was regular engagement, and then a significant decrease since the start of the pandemic
2. Client that have expressed preference for in-person services
3. Clients with a history of trauma, stress, anxiety or substance abuse disorder
4. Clients with unstable housing
5. Clients with limited/no access to technology
6. Clients with a limited number of natural supports

- How can you use the Tableau Dashboards to identify clients who might be at risk of severe complications if exposed to COVID-19?

1. Lapse in Medicaid – Track clients who are not reengaging their insurance
2. BHH enrollee level dashboard – shows complications that may put them at risk for COVID-19 complications
3. Health Assessment Status Dashboard
4. Periodic Assessment: Employment status and Living Situation
5. CHN Gaps in Care Reports

- How can we use our relationships with community providers to identify clients at risk of severe complications if exposed to COVID-19?
 1. This is difficult, because in some areas doctors are still not seeing clients face-to-face. This is still a huge barrier.
 - a. There is a new for BHH providers to advocate for clients to be seen in person.
 2. Ensure we have ROIs in place for all of our clients
 3. Identify community providers/support that may be essential during this time
 4. Consistent/ongoing conversation with providers that work with your clients.
- What are some examples of unique service delivery practices that can be used to increase engagement for at-risk populations?
 1. Bring clients onsite for telehealth session in a private office
 2. Shift to direct assistance with basic needs
 3. Designate staff to be members of an outreach team
 4. Elect Administrative staff to make welfare calls and learning sessions
 5. Designate peer specialist to promote self-efficacy and self-advocacy
 6. Identify virtual spiritual support groups, recreational activities, etc.
 7. Provide training to natural supports
 8. Create or promote existing warm lines
- Technology Literacy and Access
 1. Fill the gap between what is needed and what the client has access to provide.
 2. Provide education on how to use technology
 3. Apps/software/processes that may be useful:
 - a. [Doximity](#)
 - b. Some phone system may be able to connect to the computer – use computer and a soft card to make phone calls from your computer
 - c. Some staff are also able to text from their computer (for example, you can send text via outlook)
 - d. [TigerConnect](#)
 - e. [Intellachart](#)

3. Providing BHH Services During Pandemic (POSTPONED)