



**BHH Designated Provider Agency
Implementation Session**
June 10, 2016 1:30pm to 3:00pm
Beacon Health Options
500 Enterprise Drive, Rocky Hill
The Hartford Room, 3rd floor



Call-in #: 1-866-801-7152

Pass code: 9257774

Facilitated by: Cheryl Stockford, Jessica DeFlumer-Trapp (DMHAS)

Attendees: DMHAS (Lauren Staiger, Susan Hamel); ABH (Amy Miller, Denise Roberts); Beacon (Dan Quinn); CRMHC (Judith Lounsbury, Kristen Russell); BHcare (Sandy Lombardi, Alex Kosakowski); Bridges (Dawn Silver-DeAngelis, Trish Kramer, Valerie Mallard); CMHA (Linda Filipetti, Deb Dutkiewicz, Lisa Daley); CMHC (Nancy Watsky, Grace Fischer); SWCMHS (Dorothy Washington); SMHA (Masood Asghar, Denise Boras); Rushford (Jennifer Williams, Jennifer Vega); United Services (Lori Behling); Sound Community (Enrique Juncadella, Diana Ryan); WCMHN (Ellen Severn); RVS (Anne Kiwanuka); Rushford (Rossana Barnaby, Monika Gunning);

Call-in: CHR

1. Updates and Discussion

1. DMHAS Wise/Waiver, Lawsuit and Diversion Clients and Referrals

a. DMHAS Statewide Services Overview:

- i. Erin Levitt-Smith (Erin.Leavitt-Smith@ct.gov)-reviewed long term services and supports which include the MH waiver with DSS, lawsuit, ABI, older adult services, and SNF diversion nurse programs. The purpose of the presentation was to facilitate non-auto-enrolled referrals to BHH from MH waiver, lawsuit, and the diversion nurses.
- ii. Cheryl Janes (Cheryl.janes@ct.gov)-oversees MH waiver (WISE) program that works with individuals who are in a nursing home level of care. Participants in this program must be in qualified housing. Services available include: community support services, recovery assistants, services in assisted living facilities, personal emergency response systems, home modifications, brief stabilization, & housing subsidy. Key points:
 1. Would be helpful for BHHs to in-service MH waiver staff so they know what to follow-up on with clients in terms of health and wellness.
 2. If a BHH has a client in need of higher level of services to remain in the community or who is at risk of being institutionalized, providers can refer to Cheryl for waiver services.

3. Eligibility requirements: 22 or older, SMI-group 1, group 2 with medications or inpatient to support group 2, willing to receive services, Husky C eligible, and have 3 ADL needs or 2 ADL needs and 4 cognitive deficiencies. Can receive other Husky and possibly qualify.
- iii. Sherry Marconi (Sherry.marconi@ct.gov)-oversees lawsuit-2 SNFs involved (Touchpoints in Manchester and Chelsea Place in Hartford). People in SNF with mental health diagnoses, are afforded an opportunity to live and be served in the community rather than a nursing home. Participants may or may not be eligible for a waiver program.
 1. These are clients most likely to be referred to the BHHs. The program would know a month in advance if there was someone to be referred. Currently there are 57 people identified at the SNFs, as part of the lawsuit.
 2. Diversion Nurses would refer clients from SNF to BHHs. Regional nurses do functional screen to determine eligibility for the waiver. In most cases, clients they are working with are not eligible for a waiver.
- b. Referral Process and Workflows to be Discussed at the Next IS Meeting.
 - c. Questions:
 - i. Should InShape be included in cost cap? Depends on where service is provided.
 - ii. If they were working with a LMHA before, and then ended up at SNF, what would be different now to keep them in community? Have to show need and exhaust all other options. If coming out as a waiver client, can receive higher level of services to help keep them in the community.
 - iii. Will there be more Recovery Assistant services available at night? Challenged with getting RAs for during the day, even more difficult for nighttime. Sherry can discuss with Ann Marie.
After the meeting, it was identified services are put in place based on client need, and that RA's can and do work in the evenings. The broader issue is Provider Agency's ability to recruit, and the geographic region within which the person resides.

2. Children's Services

- a. Email with guidance for serving BHH children went out to child serving agencies yesterday. Feedback due to Jessica on Monday. Pending approval of the process, ABH will post the lists of eligible children, in each provider's catchment towns, and instructions, on Monday.

3. ICM Referrals to BHH:

- a. Review of process and referral form that Region 3 is piloting for BHH eligible ABH ICM clients. Referrals from Beacon ICM targeted to start later this summer.

2. **Change Matrix Health Disparities Training Follow-up**

- a. Ran out of time for discussion on this topic. Will schedule for agenda at next meeting. The purpose of this discussion will be to ensure that recommendations for change developed by participants of the training are reviewed by BHH Directors and as appropriate, become integrated into each agencies planning process. One means for tracking this is incorporating action steps into the BHH action plan.

3. **Upcoming Meetings**

- a. June 24th-RVS-Dutton Home, Middletown
 - DMHAS waiver, lawsuit, diversion referrals-workflow
 - Change Matrix follow-up
- b. Additional meeting from 9-1030 on July 8th location TBD
- c. July 22nd Picnic-sign up at June 24th meeting

4. **Other:**

- a. For next contract-capacities have been increased to high end of target ranges.
- b. Billing interface-takes data directly from DDaP and WITS, not the EDW.
- c. Spectrum- Beacon anticipates availability in a couple of weeks,
- d. FTP sites-any remaining agencies needing log-ins to Beacon's FTP site, to get early next week. If experiencing issues downloading reports-contact Beacon at Daniel.quinn@beaconhealthoptions.com Automated downloading will be easier as there are more reports on there. Having multiple people downloading less efficient.
- e. PC Tracker Review with DMHAS Fiscal Division will be offered on Friday 6/24 at 11:00 am by-web phone conference.