VIII. Credentialing

DSS as the single state agency for Medicaid, DCF as the SSA for children and family services, and DMHAS as the SSA for mental health and addition services are partners in developing and implementing the BHH initiative. Therefore, all state agency partners will be involved in ensuring the BHH designated provider agencies meet BHH requirements, as evidenced by a successful credentialing process.

The ASO is responsible for credentialing BHH Designated provider agencies on a provisional basis during the first 12 months of implementation and will complete an annual credentialing process thereafter. In addition to being a state designated LMHA or Affiliate, all behavioral health homes will be required to meet the following credentialing requirements, which may be amended from time-to-time as necessary and appropriate:

- Meet applicable state licensure requirements necessary to perform behavioral health home services;
- Be in the CT Medicaid Program as a mental health clinic or outpatient hospital;
- Have capacity to serve individuals on Medicaid or are Medicare/Medicaid dually eligible and are eligible for behavioral health home services in the designated service area;
- Meet staffing requirements to ensure behavioral health home team composition and roles;
- Meet enhanced access requirements including enhanced enrollee access to the health home team and 24/7 access to crisis intervention and other needed services;
- Have a strong, engaged leadership committed and capable of leading through the transformation process as demonstrated by the agreement to participate in the learning collaborative and other technical assistance;
- Conduct a standardized assessment and complete status reports to document enrollees' living arrangement; employment, education; legal, entitlement, and custody status; etc.;
- Develop and maintain a single person-centered care plan that coordinates and integrates all behavioral health, primary care, and other needed services and supports with documentation to demonstrate that behavioral health home services are being delivered in accordance with program guidelines and requirements;
- Conduct wellness interventions, as indicated, based on enrollees' level of risk;
- Agree to convene regularly documented behavioral health home team meetings for case consultation and implementation of practice transformation;
- Within three months of implementation, become familiar with DCF System of Care Practice Standards that govern the delivery of care within the Children's Behavioral Health Service system for all individuals under 18 years of age;
- Within three months of implementation develop a contract or MOU with regional hospitals, DCF system of care community collaborative, Children's Emergency Mobile Psychiatric Services (EMPS), primary care and other provider systems to ensure a formalized relationship for transitional care planning, to include communication of inpatient admissions as well as identification of individuals seeking Emergency Department (ED) services (for children, these MOUs should build upon those agreements executed between EDs and emergency mobile psychiatric service providers);
- Within three months of implementation, develop and maintain referral agreements with regional adult and child primary care practices or federally qualified health centers; hospitals and child/adult residential facilities; and other pediatric resources;
- Have a comprehensive data collection system capable of communicating with the state's data system;
- Have the capacity to collect and report data in the form and manner specified by the state on implementation progress, staffing, services, time/activities, outcomes, etc.;
- Agree to participate in CMS and state-required evaluation activities;
- Agree to site visits and chart reviews, and develop quality improvement plans to address identified issues;
- Maintain compliance with all terms and conditions as a behavioral health home designated provider agency; and
- Implement a behavioral health home model that the state determines has a reasonable likelihood of being cost-effective. (Improvement on outcome measures will be used to determine cost effectiveness prior to the calculation of return on investment.)

VIII. Credentialing

Annual Credentialing:

To continue to maintain designation as a behavioral health home, designated provider agencies must successfully complete the credentialing process annually and meet performance measures identified in the contract, as well as outlined in the performance measures section of this manual. See Appendix H for a copy of the credentialing application.

The ASO, in collaboration with state agency partners, will develop quality standards, outcomes, and monitoring processes to further support credentialing. This process will include accountability policies for agreed upon terms related to quality of care, staffing, documentation, and outcomes.

The ASO will develop site visit and chart review procedures to ensure services are being provided consistent with billing practices, and within the guidelines of behavioral health home core service standards. These processes together will inform stakeholders of BHH designated provider agency status and outcomes and will be used to inform re-credentialing processes.

A comprehensive BHH Provider Directory with contact information, locations, and languages spoken at each agency will be updated after the annual credentialing process and available on the BHH website.

Performance Measures:

It is expected that BHH Designated Provider Agencies credentialed and funded to implement BHH services will do so in manner which results in the following outcomes. The outcomes will be measured through the corresponding measures below:

Outcomes	Measures
1. Contractor will meet reporting requirements in a timely manner.	Department required data, as required in b.9.vi above and Part I, Section D (Agency Terms and Conditions) will be submitted to the Department in the form, manner and frequency identified by the Department.
2. Contractor will meet the expected utilization rate or annual projection of Individuals to be served for this level of care.	A utilization rate of at least 90% will be achieved.
3. Contractor will meet the expected services or contacts volume for this level of care.	At least 85% of individuals will receive one (1) hour per month of face-to-face service.
4. Individuals will report satisfaction with their services.	At least 80% of respondents to the Department consumer satisfaction survey will rate services positively in each of the domains of access to services, quality of services, outcomes, participation in treatment planning, respect, cultural competence, recovery and general satisfaction with services.
5. Individuals will improve or maintain their living situation.	At least 80% of individuals served annually will improve or maintain their living situation.
6. Individuals will improve or maintain their employment status.	At least 20% of individuals served annually will maintain or increase the number of hours worked in competitive employment.

VIII. Credentialing

Monitoring:

CT Partners for Integrated Care will perform an annual site visit with each BHH designated provider agency. A random sample of BHH enrollee charts will be reviewed to validate that BHH participants are receiving services, services are accurately documented by the BHH provider; and the required forms and paperwork are collected. In addition, the reviewer(s) will ensure the BHH provider is staffed in accordance with requirements provided by the Departments, and has policies and procedures in place for meeting the BHH provider requirements as specified in the State Plan Amendment. State Plan Amendment overview and guidance documents can be found in Appendix A.

Since many of the outcomes will be reported using claims data, the BHH designated provider agency data collection responsibilities are limited. Monitoring will be focused primarily on monitoring compliance with staffing and enrollment requirements, BHH service provision, and entering required health and other assessment data.

Corrective Action:

The DMHAS provider contract language and performance measures will be the standards upon which the monitoring processes will be based. Failure to meet these standards may result in required corrective action to ensure a plan is put in place to meet requirements.

Provider monitoring will occur on an ongoing basis, in collaboration with the providers, through several processes:

- Annual credentialing
- Annual site visit and chart reviews
- Ongoing review of implementation and outcome data
- Complaint investigations, as needed
- Feedback from individuals served

The ASO will work with the State contract managers when provider performance issues are identified through any of the various monitoring processes, to put appropriate plans in place to correct the issues of concern. Corrective action plans that are not adhered to, or that fail to result in the required changes, will be reviewed with the state contract managers.

Continued failure to meet contract and performance targets may result in reduction of funds and/or termination of a behavioral health home provider.