



**BHH Designated Provider Agency
Implementation Session with Waiver Staff**

November 4th, 2016 1:30pm to 3:00pm

Beers Hall @ CVH

Cocilovo Room, the Mt View Room and SWS conference room



Attendance: OOC (Jessica DeFlumer-Trapp, Lauren Staiger); ABH (Melody Solano, Dana Shanthal, Danielle Christian, Joann Rotar, Elaine Amato); BHcare (Alex Kosakowaski, Sandy Lombardi, Crystal Cochrane); Bridges (Dawn Silver, Trish Kramer, Valerie Mallard); CMHC (Nancy Watsky); Continuum of Care (Viviana Bulls, Heidi Spaman); CHR (Donna Wertz, Patricia Benjamin); DMHAS (Tashance Davis, Cheryl James); InterCommunity (Halynton Moreno); Rushford (Monika Gunning, Jennifer Vega); RVS (Joanne Comstock, Tracey Creighton); SMHA (Stephenie Guess); SWCMHS (Dorothy Washington); SWCAA (Nicole Kavalan, Sue Westerberg); WCMHN (Arlene Arias, Ellen Severn); ASO (Bonni Hopkins, Amy Miller, Virginia Texidor, Denise Roberts)

1. Overview of Behavioral Health Homes – BHH Provider Perspective

- a. Concept of what BHH is and isn't
- b. Overview of Eligibility & Goals
- c. Overview of Services and Expectations
 - Waiver vs. Non-waiver

2. Overview of Waiver Staff

- a. Overview of Eligibility
- b. Overview of Services and Expectations

3. Specific Issues for Discussion

- a. BHH Interface with Residential Care Homes (RCHs)
 - Some are offering educational groups at the RCHs
 1. Waiver staff is interested in learning more about SMHA's relationship with local RCHs and hope to be able to pilot similar interventions at some of the other RCHs around the state. Offering educational groups at the RCH might improve relationship between RCH and BHH
- b. Discussed differences between state operated and private non-profit BHHs-in terms of referrals and accessibility, and services.
 - There are differences among agencies in general, not just PNP versus state operated. Some have a central intake vs. separate intakes for clinical and case management. Some have 1 intake location vs. several intake locations.
 - Reasons why a referral doesn't get an intake-waiting lists, level of intensity of care needed, and conservator issues.
- c. Referral processes-to BHH from waiver staff and to waiver/diversion from BHH
 - Two referral forms handed out-one to refer clients to BHHs, and the other to refer clients to be considered for waiver services. Suggestion made to add a question about whether a client has a conservator or not to the BHH referral form.
- d. BHH and Waiver Care Plan
 - Waiver clients who participate in BHH, should have a note on their waiver care plan stating the BHH participation

- e. Medicaid Cost-Cap and BHH
 - BHH Psycho-Ed services that take place in the office, over the phone, or is a collateral service will not interfere with the Medicaid Cost Cap associated with Waiver clients

4. BHH Only Brief Updates, Questions, or Issues

- a. Waiver and DDaP Dropping Payor Reports will be released in the next week. It is imperative that providers update waiver payors as DMHAS will begin sending bills in January.
- b. LOB Display-providers hosting the photo shoots will need to respond with the dates they can do. Others will get an email of dates to choose from. DMHAS is hoping to have all photos taken by early December.
- c. Discussed several questions about billable service minutes. Explained that any billable BHH service counts as 1 unit, but will not be billed if the service is under 8 minutes. Programmatic requirements continue to be 1 hour, but only 1 unit is needed to bill. Advised agencies to discuss with their IT staff to identify if all services are exported, or only ones that add up to a certain number of minutes.
- d. BHH PNP Field Trip – CHR will send a new list of possible dates for the field trip. Denise will forward dates to the providers and providers will only have to respond with their availability.
- e. Health Observance Packet handed out

Handouts:

- Provider Directory and BHH Director Contact List
- Referral Forms (BHH and waiver)
- BHH One-Pager
- BHH Brochure
- Waiver Assignments by Region