



BHH Designated Provider Agency Work Group

February 19, 2021

1:00pm – 3:00pm

Virtual Meeting

Attendees: ASO (Debbie O’Coin, Paul Zakarian, Jennifer Gagnon, Jeannie Wigglesworth, Denise Perez); BHcare (Jessica Kolinsky); Bridges (Trish Kramer, Jaya Daptardar); CHR (Bill Behan); CMHA (Rebecca Zadlo, Chris Porcher); CMHC (Fumi Sowah); CRMHC (Mary Germano, Ellen Severn, Lisa Preble); DMHAS (Kate Parr; Lauren Staiger, Katharine Willis); Rushford (Kim Whipple, Elizabeth Deconto); SMHA (Jesus Silva); Sound (Alixzander O’Neil, Katie Fogg); United Services (Kim Solomakos); WCMHN (Alexandra LaBarca, Debra Deptula)

Agenda

1. Billing Updates

Presenter: Lauren Staiger

a. DMHAS Billing Services Update

- DMHAS plans to bill next week. Report cards will be updated to reflect services through December 2020.
- Missing data report updated
 1. State operated facilities – Due to new codes, there is an increase in the number of fixable errors. The service location has to match the billed service. For example, if a case management audio and visual service is billed, the location should be Audio and Visual, and the Note Type should be Audio and Visual. Another example, if a case management phone service is billed, the location should be that where the staff person is providing the service from (if the staff is working from home then the location is “Office”), and the Note Type should be Audio Only.
 - a. We should see a decrease in errors as staff gets used to using and billing for the new audio and visual codes.
- Waiver Clients – waiver clients (DMHAS or DSS) will not cover audio and visual service, so BHH will be able to bill for audio and visual. However, billed services for waiver clients will not be included in the upcoming report cards. Billing for waiver clients will be updated in the next month or so.
- As a reminder audio and visual codes is used when a service is provided through a videoconferencing platform such as Microsoft Teams, Zoom, etc. If it is just audio, phone contact only. Face-to-face is for in-person services.
 1. If your agency billed audio and visual codes incorrectly, reach out to Lauren Staiger at lauren.staiger@ct.gov. She will be able to hold off on billing if need be.



2. BHH Consumer Satisfaction Survey

Presenter: Kate Parr

a. 2020 Survey Results & Findings

- Kate reviewed the findings of the 2020 consumer satisfaction survey. The categories for the survey include: Accessibility, Quality/Appropriateness, Outcome Satisfaction, Treatment Participation, and Overall Satisfaction.
- Overall, the results were in line with previous years. The 2020 results indicated a lot of engagement with our population.
- One finding was a high rate of pain, anxiety, and depression. Pain was surprising, however it may be hard to diagnosis & treat because of mental health issues and fear of opioid prescriptions
- Some of the clients expressed dissatisfaction with staff turnover. Clients do notice when providers do not keep in contact with them.
- For more information, please refer to the 2020 BHH Consumer Satisfaction Presentation.

b. 2021 Survey

- DMHAS is considering electronic survey options for 2021. This would be in addition to a paper option. Providers should email Kathy Willis, Katharine.willis@ct.gov, to express their interest in electronic surveys.
- The survey will remain the same for 2021. Once feedback is received around an electronic survey option, the information will go out. Right now, the tentative survey open date will be around the end of March.

3. 2020 Health Assessments

Presenters: Kathy Willis, Jeannie Wigglesworth, Jennifer Gagnon, Denise Perez

a. BHH Statewide Rates

- Jeannie reviewed the statewide rates for obesity and high blood pressure. Overall, we see an increase in hospitalization and chronic conditions for clients with an obesity or high blood pressure status.
- For more information, please refer to the February Work Group Presentation

b. BHH Provider Health Assessments Follow-Up & Interventions

- Attendees discussed ways to help clients lose weight and lower blood pressure.
 1. We have to discuss nutrition and healthy eating habits as young as possible.
 2. Educate and advocate for small attainable changes.
 3. People appreciate the coupons, shopping tips.



4. Pinterest has a lot of resources around healthy choices.
 5. Fitness Programs:
 - a. Prepare Fit – Very helpful. Program is geared towards young adults. Coaching is provided through Facebook and over the phone. Participants are paired with a certified training and nutritionist.
 - b. InShape – Provides participants with pedometers. Teaches them to track steps and stay active. Holds participants accountable for their weight loss journey
 6. Food journals are encouraged, but not always successful.
 7. Community gardens in neighborhoods where healthy foods are not readily available.
- Attendees also discussed barriers to supporting their clients
 1. A lot of clients receiving state benefits do not have access to healthy foods.
 2. Some clients overeat because it is the only area of their life they have control over.
 - Case Managers do not have all the materials they need.