



**BHH Designated Provider Agency  
Implementation Session**

May 13, 2016 1:30pm to 3:00pm  
Beacon Health Options  
500 Enterprise Drive, Rocky Hill  
The Hartford Room, 3<sup>rd</sup> floor



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

Pass code: 9257774

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**Facilitated by:** Cheryl Stockford, Jessica DeFlumer-Trapp (DMHAS); Amy Miller (ASO)

**Attendees:** DMHAS (Lauren Staiger, Susan Hamel); ABH (Denise Roberts); CRMHC (Judith Lounsbury, Kristen Russell); BHcare (Sandy Lombardi); Bridges (Dawn Silver-DeAngelis, Trish Kramer, Valerie Mallard); CMHA (Linda Filipetti, Deb Dutkiewicz, Lisa Daley); CMHC (Nancy Watsky); SWCMHS (Diane Sheehan, Anthony Cretella); SMHA (Stephanie Guess, Denise Boras); CHR (Donna Wertz); Rushford (Jennifer Williams, Jennifer Vega); United Services (Lori Behling); InterCommunity (Suzanne Otlowski)

**Call-in:** Rushford (Anne Kiwanuka, Monika Gunning); WCMHN (Ellen Severn, Arlene Arias, Jocelyne Karam)

**1. Updates and Discussion**

a. Provider Enrollment and Billing Email

- All BHH providers need to be a performing provider with HP and need to be registered as a BHH/TCM provider.
- HP providing a virtual webinar on May 24<sup>th</sup> from 9am-12noon. Persons in charge of re-enrollment should view.
- Providers can fill out the application without watching the webinar. Re-enrollment will occur every two years in future. State operateds do not need to worry about it, DMHAS takes care of it. Only state operateds that will get the email are those that oversee a LMHA.

b. Children's Services

- Need lists of children being served, from child serving providers, to see who is BHH eligible. Beacon is developing a template of required information.
- Can outreach to children now, but a guidance document for enrolling and serving will not be complete for another month.
- Will be excluding in-home services and any other services already being billed. Can receive BHH after or before these services, but not during.
- A follow-up planning meeting for child serving providers will be held in the near future.
- DMHAS/BHH staff is reviewing different LOCs and treatment plans to determine how to align with BHH/TCM requirements.

c. Provider Manual

- Additional feedback being accepted until Monday, for providers needing more time.
- Print and online versions will be available.
- Providers should consult web based manual for programmatic updates.

- d. Enrollee Handbook
  - Will have copies printed for providers
  - Translation to Spanish to be occurring in the next month
- e. Eligibility Checks-questions/issues
  - Question about ongoing maintenance of lists/eligibility-who takes people off, when do people become ineligible?
  - Once eligible, always eligible unless they lose their Medicaid long term. If you were told they were eligible, they are eligible.
  - Temporary lapses can really be addressed by BHH staff. BHH can help clients re-apply, submit receipts for spend-downs, etc.

## 2. **Data and Documentation Updates and Discussion**

- a. FTP sites
  - Beacon's sites should be up next week. Providers who received an email today, don't have anyone requested to get a password.
- b. DDaP/WITS-data quality
  - Scrub reports being developed to share with the providers. Inconsistencies with Medicaid #s, SSNs, etc.
  - Will be contacted by DMHAS within the next month with these issues.
  - If you are looking at your own data, and you are finding anomalies, let Jessica know.
  - Will be asking providers to begin auditing their data soon. Especially around audit parameters. A sample document will be given out, within the next couple of weeks, to assist providers in looking at areas where there are issues.
- c. NAE Program
  - This is the only program that will show up as BHH in the EQMI report cards. Only expect to see clients in the NAE program here.
  - Currently, Rushford and US only two providers reported using NAE Program in DDaP.
  - Some challenging with using NAE program in DDaP:
    1. Challenge with people going back and forth between levels of care and having to re-do everything.
    2. Reporting requirements are prohibiting them from using this program.
    3. No other treaters/staff to provide support to these people. Some agencies need a psychiatrist needs to sign the tx plan, which is prohibiting moving forward with it.
    4. Liability issues when someone has no clinical oversight.
  - Clarifications and expectations about NAE program:

1. Field requirements-it is a treatment level of care in DDaP, requiring those fields required by a treatment program.
  2. Refer to policies and procedures for other treatment programs you operate that do not require the client to receive clinical services or psychiatric oversight, such as CSP.
  3. TCM/BHH-no medical necessity. Outpatient you do need medical necessity.
    - DMHAS and ASO looking at identifying various groups of people in the community you might be able to work with under NAE category:
      1. ICM BHH eligible people-will start with developing a processes for doing this in Region 3, then will expand to other regions
      2. Providers will soon be notified of clients in their area who are eligible for BHH services.
  3. **Provider Training Schedule**
    - a. May 18<sup>th</sup> – Services and Codes
    - b. June 2<sup>nd</sup> - Behavioral Health in Integrated Services
      - Encouraged providers to invite Psychiatrists if they feel it will assist them in improving the integration of care.
  4. **Upcoming IS Meetings**-no May 27<sup>th</sup> meeting-next one not until June 10<sup>th</sup>
- June Health Observance**-No packets, but will get electronic calendar with links