



**BHH Designated Provider Agency  
Implementation Session**  
May 18, 2018 • 1:30pm to 3:00pm  
Beacon Health Options  
3<sup>rd</sup> floor- 500 Enterprise Drive, Rocky Hill



**Attendees:** DMHAS (Kate Parr, Lauren Staiger); BHcare (Carrie Ann Liddel); Bridges (Dawn Silver-DeAngelis); CHR (Donna Wertz, James Morro); CMHA (Chris Porcher, Anna Vitale); CMHC (Donna Blake, Karsten Olsen); CRMHC (Judy Moran-Lounsbury); InterCommunity (Colleen Mastroianni); RVS (Elsa Arce); Sound (Bryan Trapp, Theodore Merwin, Erika Scott, Magee Aikins, Jaimi Vann); SWCMHS (Victoria Hoey); United Services (Lori Behling, Holly Fish); University of Saint Joseph (Douglas Howard); ASO (Jeannie Wigglesworth, Bonni Hopkins, Amy Miller, Denise Roberts)

**Call-in:** Rushford (Valerie Walton); WCMHN (Ellen Severn)

1. Introductions
2. St. Joseph's MSW Internship Placement Opportunity

**Contact: Douglas Howard – [dhoward@usj.edu](mailto:dhoward@usj.edu)**

- a. Summary of Presenter and Internship Program
  - i. Found information on BHH in an old CT Mirror article
  - ii. Seeking programs that have statewide potential-BHH covers most of the state
  - iii. Looking for placement for 1<sup>st</sup> year MSW students
  - iv. Douglas serves the role of the clinical preceptor so agencies only need to provide an onsite task supervisor.
  - v. Year-long internship-1 or 2 days a week. If it works out really well, student can stay another year.
- b. Interns can do a variety of things. They can be used as worker bees that help complete projects. Agency can arrange to have a “pod” of students (3 or 4) at a time to work on a big project.
- c. Questions:
  - i. You do not have to be LCSW to oversee, but are there any specific requirements?
    1. Agency needs to designate someone who the student can check in with re: protocols, necessary agency training, required tasks, etc.
    2. Task Supervisor at the agency must also meet with preceptor once or twice throughout the semester.
  - ii. What are the interns required to do?
    1. Depends on specific site. Will be determined based on needs of both the student and agency. Agency can post what they are looking for in a student and then the university works to match them with the perfect student.
- d. Provider comments
  - i. Bridges – can attest that interns work very well in BHH
  - ii. US – very interested in pursuing this opportunity
  - iii. InterCommunity – currently pursuing bachelor-level interns
    1. Reminder that with this program, the supervising staff does not need to be LCSW, so they can work with graduate-level interns

### 3. DMHAS, ASO and Provider Updates

#### a. DMHAS/Billing Updates

##### i. TCM & BHH re-enrollment

##### 1. All agencies have been approved for TCM and BHH except:

- a. IC – Waiting to receive letter to get ATN number. Lauren said they can call to get the number and once they have the number, they can apply for re-enrollment without the letter.
- b. Rushford – will forward Lauren latest email. Application has been started online
- c. US – received the letter

##### 2. All three agencies have until September to be approved

##### ii. PCP Tracker

##### 1. FY18 tracker is due 07/31/18

- a. Agencies should review data
- b. Agencies should also make sure spreadsheet includes all the appropriate signatures

##### 2. FY19 tracker will be sent out in June

- a. Document will be very similar to the one that is out now
- b. Ryan Grealis name will be included in the email and will be the contact person for the tracker moving forward.

##### iii. RMTS

##### 1. DMHAS is concerned that some staff who should be in the RMTS are not on the agency lists, and some staff who should not be included are on the lists. Lists need to be updated by the Coordinators on the required schedule.

##### 2. People who are included in the study need to be providing services to BHH clients.

- a. If a program is on the billable program table, but the employees in that program do not provide the BHH services (but rather the BHH staff provide the services), please do not add those employees in the RMTS, and tell Lauren which programs those are.
- b. If a program is on the billable program table and the employees in that program provide the BHH services, please add all employees into the RMTS.

##### 3. In addition, BHH Directors and BHH Admin Specialists are also supposed to be included.

##### 4. Lauren has a list of BHH billable programs at everything agency if someone does not know what those programs are at their agency.

##### 5. Participants should also speak with the RMTS coordinator at the agency if there are questions around who is included

##### 6. There will be a RMTS training sometime this summer for new staff

#### b. DMHAS/Consumer Satisfaction Survey Updates

- i. Significant increase in the number of surveys submitted. Overall, people are doing really well.

- ii. There are a lot of missing answers for the last question so Karin made some changes in SurveyMonkey® to make it harder to miss
  - iii. Incomplete surveys are still counted as completed
  - iv. One and a half months left to submit surveys
  - v. Bridges shared that they have been collecting surveys, but they enter them all at once before the end of June.
- c. Updates from Last Meeting
- i. Agencies should not change anything that they have been doing with waiver clients and telephone services. It was listed as an acceptable service for waiver clients within BHH, but we are waiting for someone to confirm that this is still true. In the meantime, providers can continue doing what they've been doing.
  - ii. DSS Impact System and CTDSSMAPs
    - 1. For Medicaid eligibility purposes, providers should be using CT maps regardless of if they are a state-operated or PNP
- d. ASO Updates
- i. ASO Staffing
    - 1. Qiyao Zhang, who was the BHH Director of Analytics and Innovation, is leaving Beacon and her last day is Friday, May 18<sup>th</sup>.
    - 2. Questions about Tableau and the dashboards should be directed to Jeannie Wigglesworth at [Jeannie.wigglesworth@beaconhealthoptions.com](mailto:Jeannie.wigglesworth@beaconhealthoptions.com) or Bonni Hopkins at [bonni.hopkins@beaconhealthoptions.com](mailto:bonni.hopkins@beaconhealthoptions.com)
  - ii. Onsite Provider Check-Ins
    - 1. Over the next few months, Denise will be coming out to the agencies to provide onsite training and technical assistance
    - 2. Training topics can be agency specific. The most recent onsite training including BHH services overview, QMB procedures, waiver clients, and Tableau
    - 3. Jeannie Wigglesworth, Lauren Staiger, and Alyse Chin are all willing to come out as well to assist in trainings.
  - iii. Site Visit Updates
    - 1. During the site visit the ASO and DMHAS is looking to interview 5-6 clients without staff members present
    - 2. For the staff interviews, we would like it to be a mixture of both in-kind and BHH staff, and if possible, the BHH nurse(s) should be included
    - 3. In addition to the charts Erica Clough will be reviewing, Kate Parr or Alyse Chin would also like to look at two charts of BHH clients who are enrolled in an outpatient program only and not involved in a case management program such as CSP, ACT, etc.
      - a. The names of these two clients should be sent to either Denise Roberts or Amy Miller, depending on who sent the email with the site visit details
    - 4. Provider Comments:

- a. CHR – used the audit tool prior to the site visit to evaluate charts. Helped agency look at where there might be gaps. If other agencies have time to do this before their visit, CHR recommends highly recommends it.
    - iv. Health Observances – June packet handed out
  - e. Provider Updates
    - i. CMHA gave a review of collaboration with the Hospital of Central CT
      - 1. Used BAA and MOU to establish referring relationship with hospital. Have existing relationship and processes for referrals to CM programs at CMHA.
      - 2. Received a large list of clients in from hospital. Sent list to ABH and found the over 500 clients were eligible for BHH.
      - 3. Developing a plan to outreach and enroll clients. Meeting with leadership and having internal meetings to discuss the best approach.
      - 4. Will utilize the BHH NAE program code. Clients will receive clinical services at hospital and have case manager from CMHA who will meet with clients at the hospital.
      - 5. More details and updates to follow
    - ii. CHR-starting a pilot program with the AOP clinic
      - 1. Enhancing integrated care across the agency
      - 2. Planning weekly group with nurse, APRN, psychiatrist, and 10 clients
      - 3. Will look at top diagnoses to determine topics and will use time for education, support, Q&As, and assistance from staff members present
- 4. Provider Satisfaction Survey
  - a. Reviewed survey results and will plan additional follow-up on comments and suggestions
- 5. Upcoming Meetings
  - a. 6.15.18 Learning Collaborative (10:30am – 12:30pm) and Implementation Session (1:30pm – 3:00pm)  
Location TBD