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## Summary of Key Changes

### MaineCare Benefits Manual, Chapters II & III, Section 92, Behavioral Health Home Services

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The following summary of key changes to Section 92 Behavioral Health Home Services is provided in advance of the final rule as information to Behavioral Health Home providers and others. Until the rule is finalized, these changes are still proposed and this information is advisory only. Mainecare anticipates that the final rule will be promulgated as of April 1, 2014.

The proposed rule has been amended to reflect public comments received. Proposed changes include the following:

#### 92.01 Definitions:

- 92.01-3 Electronic Health Record (EHR): Additional language has been added to this section to clarify that the EHR definition includes Clinical EHR Functions, such as intake, clinical care, task management, and case management where appropriate, HL7 interoperability capabilities to support the electronic sharing of portions of the patient's record.
- 92.01-7 Plan of care: deleted language that required all clinical data to be in the Plan of care, permitting other data to be a part of the member record instead.

#### 92.02-1 Provider Requirements (BHHO):

- Clarified that the role of the Psychiatric Consultant is to provide expertise on the development of evidence-based practices and protocols to the BHHO organization.
- Added additional language regarding the type of nurse that can provide the service; per current licensing standards, eliminated the use of a Licensed Practical Nurse in the Nurse Care Manager role.
- Added language that permitted the use of LMSW Conditional II licensure
- Amended CIPSS language to clarify certification requirements
- Added language to clarify that an individual who provides peer support services for children will be called a "Family or Youth Support Specialist," rather than a CIPSS, and added language clarifying such individuals' certification requirements
- Amended language regarding the role of the HH Coordinator to specify that the HH Coordinator "supports and encourages"
- Added Physician's Assistant to list of professionals that can serve as Medical Consultant
- Clarified that the Medical Consultant role may be pro-rated depending on the number of members served.
- Amended language regarding co-occurring capability to better align with current DHHS contract standards.
- Amended language to align with/reference licensing standards in retention of members records.
- Specified that the HHP and BHHO may have an executed contract or a Memorandum of Agreement (MOA), and provided detail regarding the required contents of the contract or MOA, including
  - procedures and protocols for regular and systematized communication and collaboration across the two agencies,
  - the roles and responsibilities of each organization in service delivery, and

- other information necessary to effectively deliver all BHH services to all shared members without duplication: This may include names and contact information of key staff at BHHO and HHP, acceptable mode(s) of electronic communication to ensure effective and privacy-protected exchange of health information, frequency of communication at both leadership and practice levels (e.g., weekly, monthly, quarterly), procedures for bi-directional access to member plan of care and other health information, referral protocols for new members, collaboration on treatment plans and member goals and, as needed, Business Associate Agreement/Qualified Service Organization addenda.
  - Deleted language requiring that EHRs be used to share information
  - Deleted language requiring that BHHO protocols with hospitals must require prompt notification to the BHHO of a member's admission and discharge
  - Clarified language regarding team-based approach to care by deleting reference to "adequate supervision"
  - Deleted language that required 24 hours/seven days a week availability to a Health Home Coordinator.
  - Included language on recovery
  - Deleted language that BHHO would be held accountable for savings resulting from reductions in wasteful spending
  - Clarified language that BHHO must obtain a written site assessment from the Department or its authorized agent.
- 92.02-2 Provider Requirements (HHP):
- Deleted language requiring that EHRs be used to share information
  - Specified that the HHP and BHHO may have an executed contract or a Memorandum of Agreement (MOA), and provided detail regarding the required contents of the contract or MOA
  - Deleted language requiring that HHP protocols with hospitals must require prompt notification to the HHP of a member's admission and discharge
  - Clarified language that HHP must obtain a written site assessment from the Department or its authorized agent.
- 92.03 Member Eligibility
- Made changes to this section to reflect that information about the member shall be stored in the member's record and not the member's record *and* the Plan of Care
  - Updated DSM title
- 92.04 Policies And Procedures For Member Identification And Enrollment
- Clarified that members will be identified based on current prior authorizations and not via a 12-month look back period
  - Clarified that time period to identify an HHP is 6 months and not 180 days
  - Amended to use "enrollment" and not "assignment" throughout
  - Amended to refer to "members' clinical documentation," as opposed to "medical documentation"
- 92.05 Covered Services
- Amended that BHH services may be delivered "in any community location where confidentiality can be maintained" as opposed to "in any appropriate location"
  - Amended to include additional language about member strengths
  - Deleted requirement that all clinical data would need to be contained in the member's plan of care
  - Amended to reflect documentation required in member record and not Plan of Care
  - Clarified the meaning of "crisis provider" as DHHS-funded crisis providers in the community.
  - Clarified that the BHHO shall facilitate access to psychiatric services, not provide access
  - Clarified that the BHHO shall facilitate access to referral services, not ensure successful referral
  - Added language – consistent with Section 91 -- to clarify that as part of care management, HHPs shall conduct certain screenings and assessments for all of their assigned BHH members
- 92.06 Non-Covered Services and Limitations

- Deleted the following: these services do not include the direct delivery of an underlying medical, educational, social or other service to which a member may have been referred.
- Amended language to reflect that the member may only have one BHHP Team

#### 92.07 Reporting Requirements

- Deleted the list of quality measures; these

#### 92.08 Documentation and Confidentiality

- Amended language to reference current licensing standards
- Deleted 92.08 (B) “Record Retention” because it is redundant with the requirements of MaineCare Benefit Manual Chapter 1, Section 1.
- Deleted “The disclosure of information regarding members receiving services herein is strictly limited to purposes directly connected with the administration of the MaineCare program” because it would preclude any other sharing of information permitted by state and federal law.

#### 92.09 Minimum Requirements for Reimbursement

- Amended language to reflect provider requirement to submit cost and utilization upon request by the Department, in a format determined by the Department, and not “monthly care plan summaries”