MaineCare Behavioral Health Homes Overview

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Agenda

Behavioral Health Home (BHH) Overview

- What is a BHH?
- BHH requirements, service expectations, and member eligibility
- How to partner with a BHH
- What does BHH offer providers?

Primary Care 2.0

- Overview of program and connection to BHH

BHH Provider Discussion

- Community Clinical Services

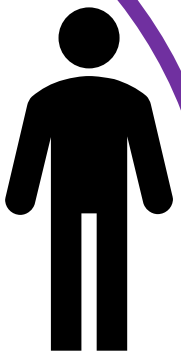
Next Steps

Behavioral Health Homes (BHH)

Eligibility: Serious and Persistent Mental Illness (Adults); Serious Emotional Disturbance (Children)

Behavioral Health Home Organization

A **Behavioral Health Home Organization** is a community-based mental health organization that provides case management and health promotion services through a team-based approach to care.



PMPM: $394.40

Coordination & Integration

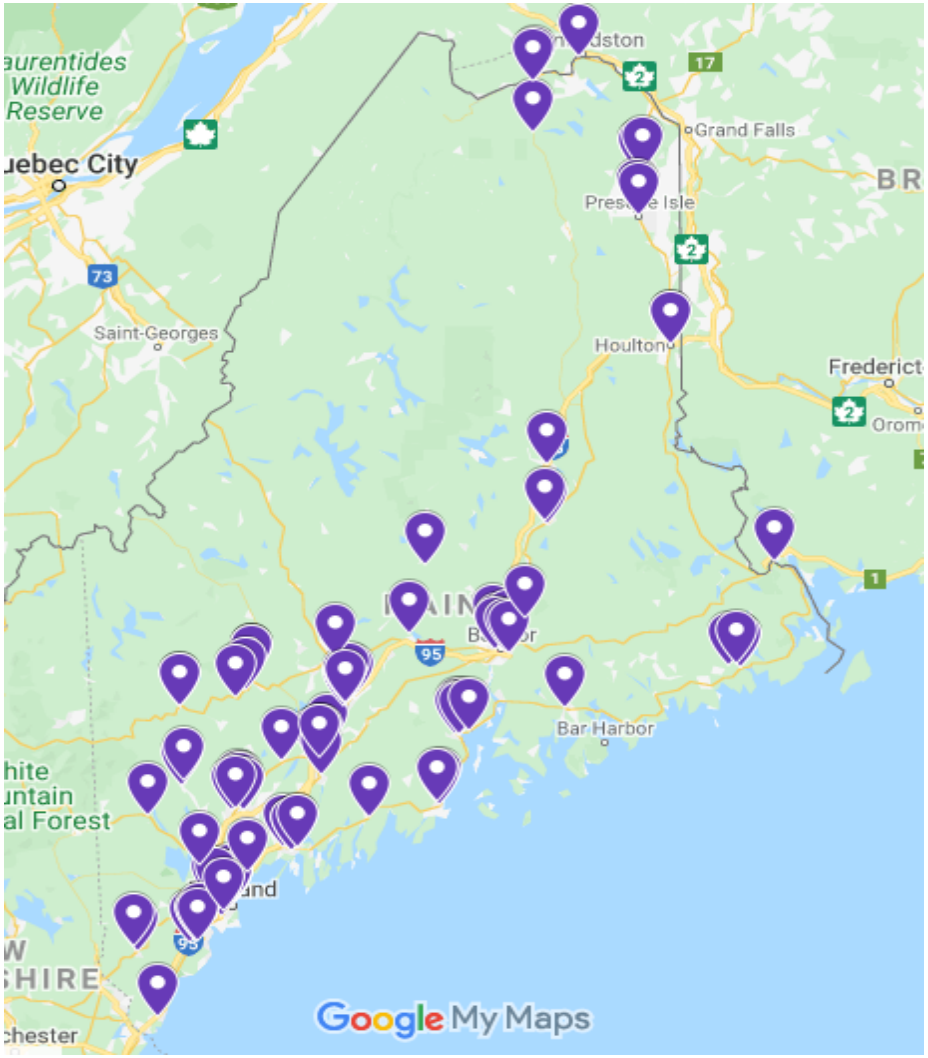
Primary Care Practice

A **Primary Care Provider** will provide collaborative care to oversee all aspects of the patient's health care .

BHH Reach – April 2021

BHH Organizations: 39
BHH Service Locations: 177

BHH members enrolled for children and adults: 14,837

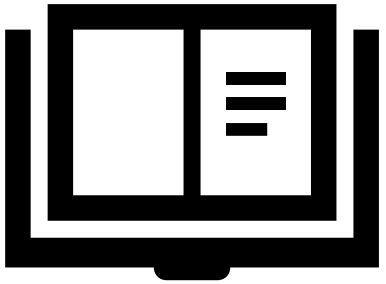


BHH Services

MaineCare Benefits Manual, Chapter II, Section 92, Behavioral Health Home Services

Services include:

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Individual and family support services
- Referral to community and social support services



BHH Member Eligibility

Adults and children must meet specific diagnostic and functional eligibility criteria:

- Adults with Serious and Persistent Mental Illness
- Children with Serious Emotional Disturbance

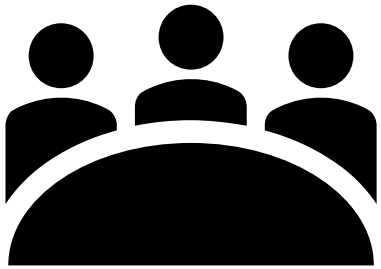
This program overlaps with eligibility for community mental health services. Eligibility for BHH is *similar* to the following services:

- Adults: Community Support Services
- Children: Targeted Case Management

BHH Team

Team Structure:

- Clinical team leader
- Heath Home coordinator
- Certified Intentional Peer Support Specialist (CIPSS) – adults
- Youth or family support specialist – children
- Nurse care manager
- Psychiatric consultant
- Medical consultant



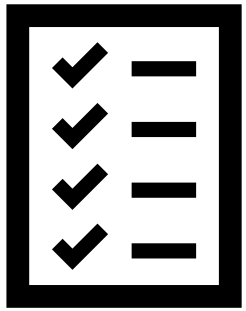
Each role should be held by separate individuals

BHH Provider Requirements

- License to provide Community Support Services; there is no separate BHH licensure
- Co-occurring capable
- Electronic Health Record (EHR)
- Participation in Department-required technical assistance
- Member referral protocols and formal coordination processes/agreements, including for prompt notification of an individual's admission and/or planned discharge to/from one of these facilities or services
- Submit BHH core standard status reports quarterly for the first year, then annually
- Submit BHH staff listings semi-annually

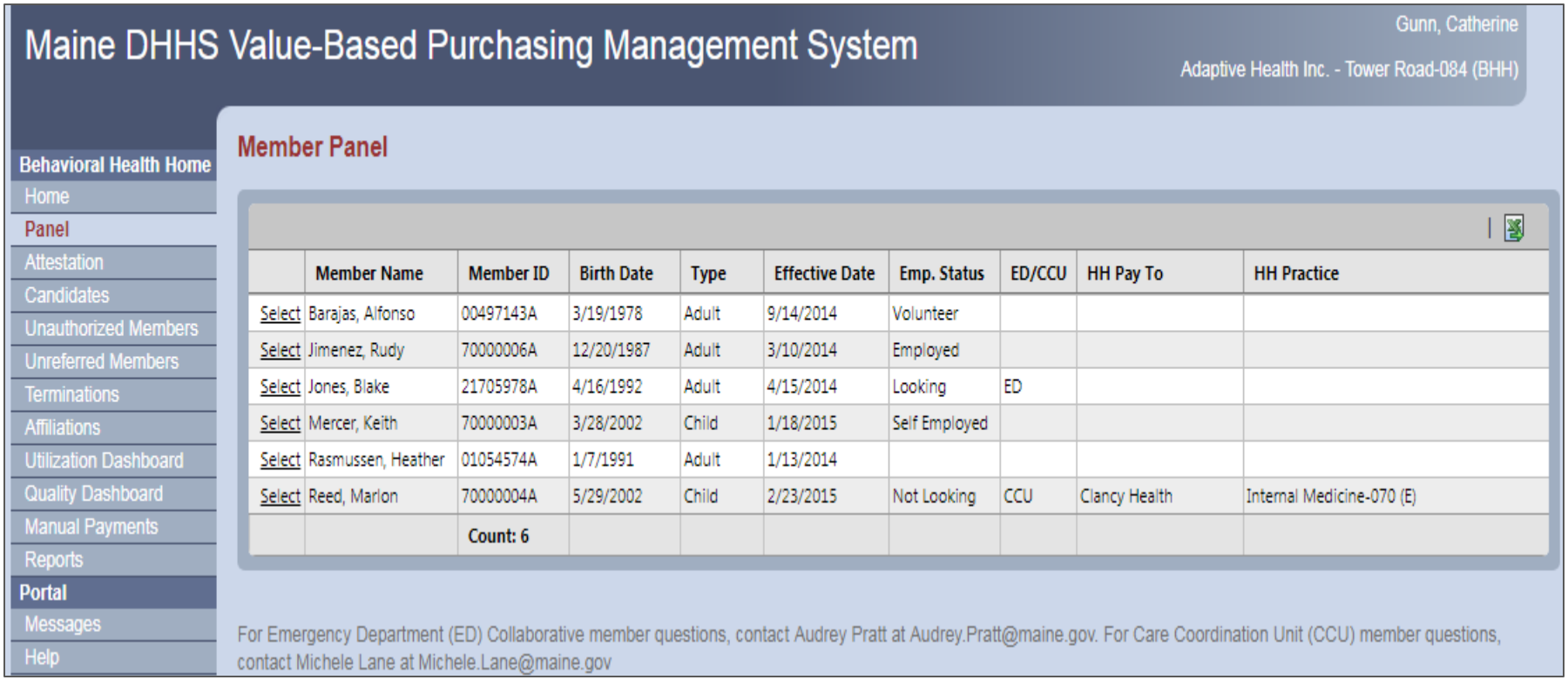
BHH Provider Core Standards

- Demonstrated leadership
- Team-based approach to care
- Population risk stratification and management
- Enhanced access
- Comprehensive consumer/family-directed care planning
- Behavioral-physical health integration
- Inclusion of members and families
- Connection to community resources and social support services
- Commitment to reducing waste, unnecessary healthcare spending, and improving cost-effective use of healthcare services
- Integration of Health Information Technology (HIT)



Value-Based Purchasing Management System

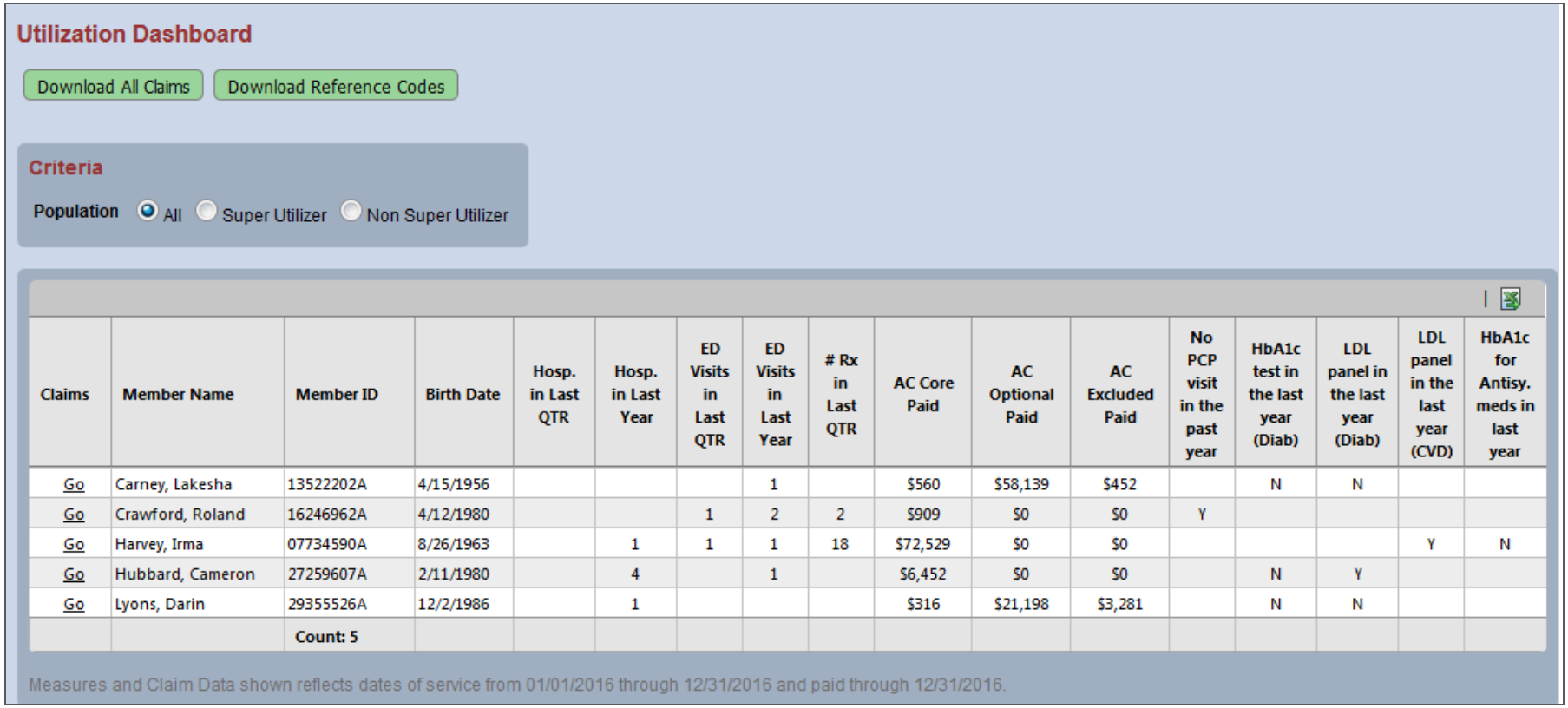
- Displays Kepro member approvals for BHH services
- Allows providers to view/manage member panels
- Facilitates attestation to service delivery in order to receive payment



This is fabricated data for the purpose of demonstration

Value-Based Purchasing Management System

- Delivers utilization data for member management
- Offers quality data to improve member outcomes
- Assists with secure communication between providers



Utilization Dashboard

Download All Claims | Download Reference Codes

Criteria

Population: (•) All ( ) Super Utilizer ( ) Non Super Utilizer

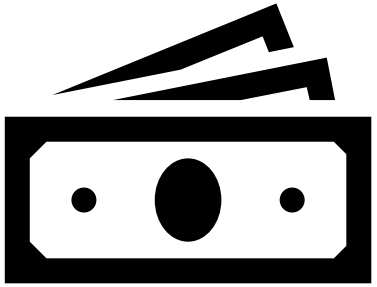
Claims	Member Name	Member ID	Birth Date	Hosp. in Last QTR	Hosp. in Last Year	ED Visits in Last QTR	ED Visits in Last Year	# Rx in Last QTR	AC Core Paid	AC Optional Paid	AC Excluded Paid	No PCP visit in the past year	HbA1c test in the last year (Diab)	LDL panel in the last year (Diab)	LDL panel in the last year (CVD)	HbA1c for Antisy. meds in last year
Go	Carney, Lakesha	13522202A	4/15/1956				1		$560	$58,139	$452		N	N		
Go	Crawford, Roland	16246962A	4/12/1980			1	2	2	$909	$0	$0	Y				
Go	Harvey, Irma	07734590A	8/26/1963		1	1	1	18	$72,529	$0	$0				Y	N
Go	Hubbard, Cameron	27259607A	2/11/1980		4		1		$6,452	$0	$0		N	Y		
Go	Lyons, Darin	29355526A	12/2/1986		1				$316	$21,198	$3,281		N	N		
		Count: 5														

Measures and Claim Data shown reflects dates of service from 01/01/2016 through 12/31/2016 and paid through 12/31/2016.

This is fabricated data for the purpose of demonstration

Reimbursement

- Providers do not submit claims – payment is made via attestation in the VMS portal
- Service/billing period is from the 21st of the month to the 20th of the following month
- Providers attest that they have delivered at least the minimum billable service to be paid $394.40
- Provider attestation is captured for payment from the 21st to the last day of each month
- Services must be documented in the member's EHR, Progress Notes, and Care Plan



Technical Assistance

Quality Measures

Child and Adolescent Well-Care Visits for Health Homes (HH) and Behavioral Health Homes (BHH)

Screening for the metabolic side effects of antipsychotic medication for BHH: Pay-for Performance (PFP)

Technical Assistance and Quality Improvement

Quarterly webinars with other Maine DHHS offices. Topics will include presenters on:

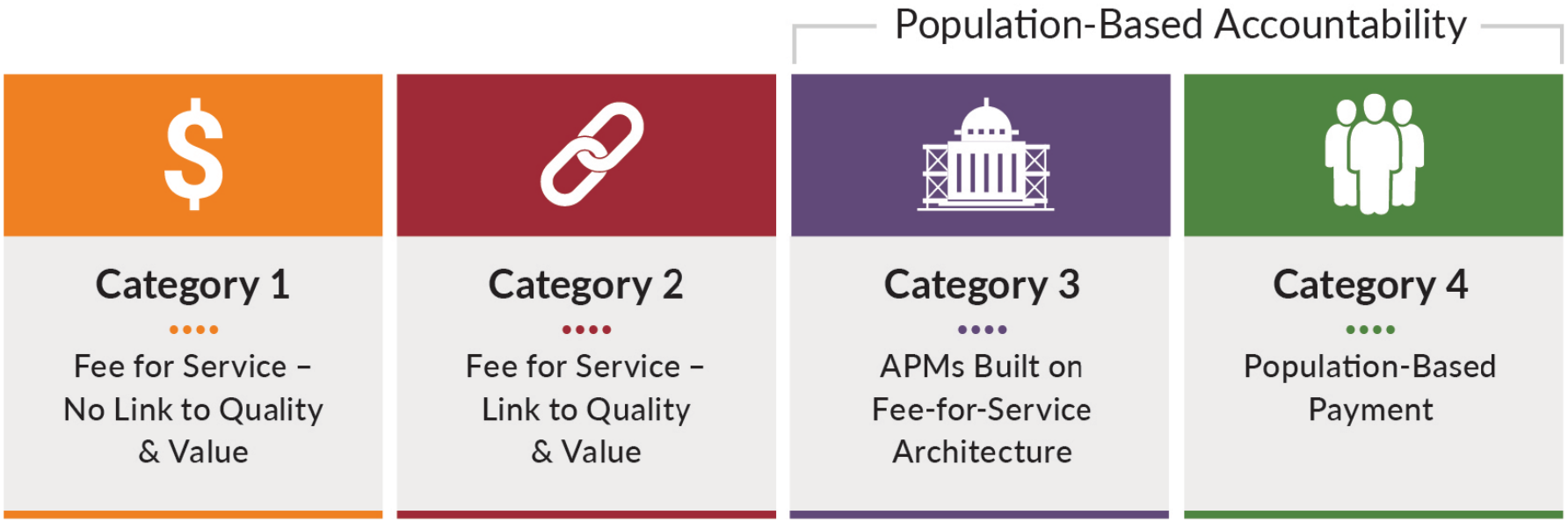
- Substance use
- Suicide prevention
- Coordinating with School-based Health Centers
- Supporting BHH providers on transitions in EIS
- Primary Care member transitions to adult care
- Promoting employment for individuals 18 years of age and older

Support Value-Based Purchasing Management System access and trainings

Compliance monitoring on National Committee for Quality Assurance certification, staff listings, and core standards

Answer questions regarding sections 91, 92, and 93

Alternative Payment Models



2C: Behavioral Health Homes

Pay-for-performance to target behavioral and physical health coordination

Source: Alternative Payment Model (APM) Framework and Progress Tracking Work Group

HCP LAN
Health Care Payment Learning & Action Network

Primary Care 2.0

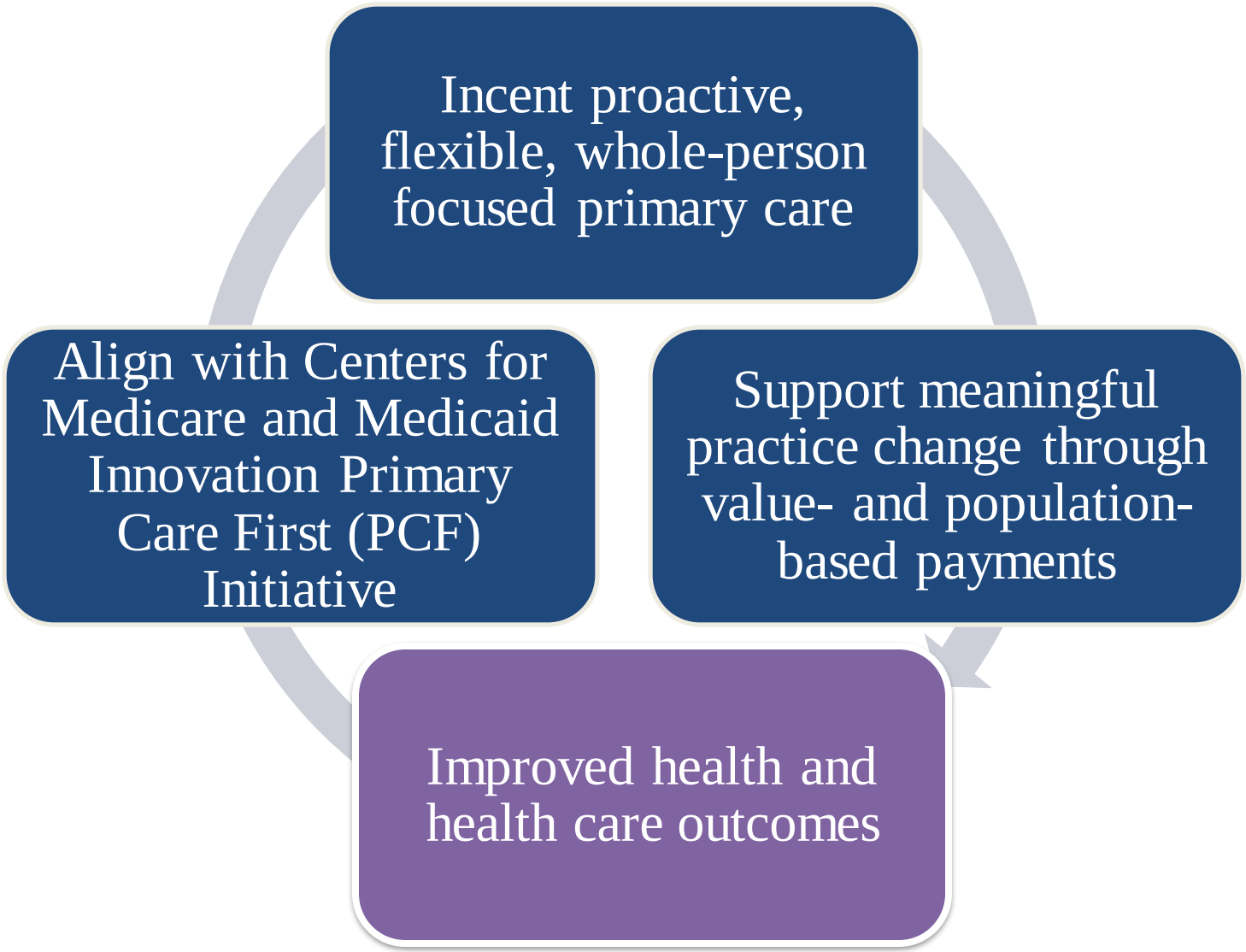
A value-based payment model designed to simplify, integrate and improve MaineCare's current primary care programs:

- Primary Care Case Management (PCCM)
- Primary Care Health Homes (HHs)
- Primary Care Provider Incentive Payment (PCPIP)

One program for all primary care providers participating in MaineCare. One program for eligible MaineCare members.

Implementation Goal: October 2021

MaineCare Primary Care Evolution Goals



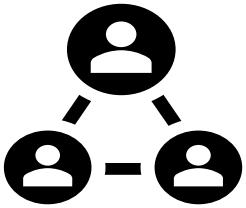
Primary Care 2.0 Practice Tiers

Base $	Intermediate - $$	Advanced -$$$
• Has 24/7 coverage, including access to records • Has a certified Electronic Health Record (2015 edition) • Participates in technical assistance	**Tier 1 AND** • PCMH accreditation or is a Primary Care First participating practice • HealthInfoNet connection • Collects and track social health needs • Holds a practice agreement with at least one BHH • Refers to a Community Care Team • Offers telehealth • Offers MAT services or has a cooperative referral and co-management process with an MAT provider • Includes MaineCare members and/or their families as advisors in practice improvement efforts • (Year 2) Offers evidence-based community health worker services directly or through partnerships with CCT/CBO	**Tier 2 AND** • Bi-directional HIN connection with data elements that would allow for clinical quality measurement • Participates in Accountable Communities (AC) • Has a Joint Care Management and Population Health Strategy

Primary Care 2.0 Connection

Primary Care 2.0 intermediate and advanced practices must have a **documented relationship** with at least one BHH within their service area. Including, but not limited to:

Procedures and protocols for regular communication/collaboration for shared members



Name, contact information, and roles of key staff

Other key information could also include information such as:

- acceptable mode of electronic communication,
- frequency of communication,
- procedures for bi-directional access to shared members' plans of care and other health information,
- referral protocols for new members, and
- expectations for collaboration on treatment planning.

BHH Provider Discussion

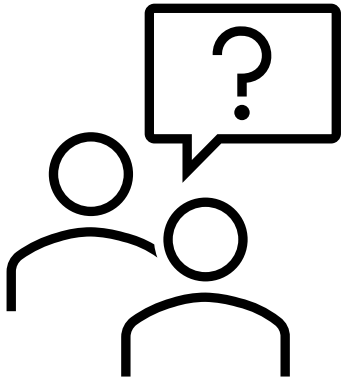
Community Clinical Services: Catherine Langeleir

What would be the incentive/value for a primary care provider to coordinate BHH services?

Please provide an example of a BHH success story, starting with the referral.

Next Steps

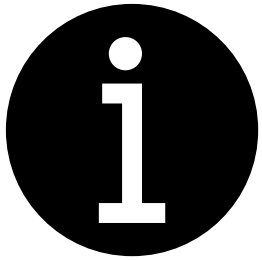
If you interested in becoming a BHH provider, please visit: https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/health-homes



If you interested in connecting with a BHH Provider or for questions/additional information, please contact the General Email Box: HH-BHH-Services.DHHS@maine.gov

Resources

MaineCare Value-Based Purchasing:
http://www.maine.gov/dhhs/oms/vbp/



MaineCare Benefits Manual, Chapter II, Section 92:
http://www.maine.gov/sos/cec/rules/10/144/ch101/c2s092.docx

MaineCare Benefits Manual, Chapter III, Section 92:
http://www.maine.gov/sos/cec/rules/10/144/ch101/c3s092.docx

Questions?

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