

Memo

Date: 7/1/2021

To: Behavioral health home (BHH) services providers

From: BHH services policy team

RE: Updates to BHH services State Plan Amendment (SPA)

This memo addresses revisions to the BHH services SPA. In March 2021, the Minnesota Department of Human Services (DHS) proposed changes to the Centers for Medicare and Medicaid Services (CMS) for language in the BHH services SPA. CMS approved these changes effective May 4, 2021. We have outlined the key changes here.

Staff ratio requirements

In a 2017 memo sent to providers, DHS outlined an adjusted staffing ratio available to BHH services providers who serve 100 or fewer people within the first year of certification. In the same memo, DHS provisionally extended the timeframe to allow providers the option of utilizing the adjusted staffing ratio *after* the first year of certification, as long as the provider is serving a caseload of fewer than 100 people. In 2021, DHS recognized a need to continue this flexibility for providers serving fewer than 100 people after the first year of certification. As a result, DHS proposed changes to the BHH services SPA which were approved May 4, 2021.

The adjusted staffing ratio is a minimum of a .5 full time equivalent (FTE) integration specialist (IS) and a 1.0 FTE systems navigator (SN) on staff to serve 100 or fewer people. As a result of the SPA changes, BHH services providers serving fewer than 100 people do not need to complete or renew a request for variance or submit an alternative staffing model to DHS for approval. See table 1 for details on the changes.

Updated SPA language (2021)	Original SPA language
<p>If a provider serves 100 or less BHH recipients, the provider may utilize an adjusted staffing ratio of a minimum of .5 FTE integration specialist and 1 FTE systems navigator to serve these recipients. Upon recertification or upon serving more than 100 BHH recipients, these providers must meet and maintain the BHH staffing ratios listed in the payment section of the state plan amendment</p>	<p>If a provider serves 100 or less BHH recipients in their first year of certification, the provider may utilize an adjusted staffing ratio of a minimum of .5 FTE integration specialist and 1 FTE systems navigator to serve these recipients. Upon recertification or upon serving more than 100 BHH recipients, these providers must meet and maintain the BHH staffing ratios listed in the payment section of the state plan amendment.</p>

Table 1

[BHH services standard 3F](#) outlines the staffing ratios required to maintain BHH services certification (providers serving more than 100 people):

- One FTE IS for every 224 members
- One FTE SN for every 56 members
- One FTE qualified health home specialist for every 56 members

The one FTE IS can be split between two people, at .5 FTE per person. The one FTE for systems navigator can also be split between two people at .5 FTE per person. The one FTE for the qualified health home specialist can be split across up to four people, with a minimum of .25 FTE per person. (Providers can exceed the ratios up to 25 percent and still be in compliance with the standard.)

Face to face requirement

The requirement for the six-month face-to-face contact in [standard 5D](#) was replaced with the requirement that, at minimum, the BHH services team must offer a face-to-face visit with the person every six months. If the person declines the offer of a face-to-face visit, the visit may be completed by telephone contact or interactive video. DHS made this change to acknowledge that different people will have different needs and preferences related to how they choose to interact with their BHH services team. Some people will want and need frequent face-to-face interaction. For others, face-to-face meetings may not be preferred or necessary to meet the person's goals. DHS continues to expect that BHH services providers have the capacity to provide face-to-face visits in a variety of settings as outlined in [BHH services standard 7B](#) (e.g., home visit, accompany to a medical appointment, and more).

Clarified language

Regarding the creation of the Health Wellness Assessment (HWA) and Health Action Plan (HAP), DHS replaced the word "template" with "guidance." This revision clarifies that DHS does not provide a template for creation of the HWA or HAP; however, guidance is provided in the [required data elements](#), [BHH services standards](#) and the [BHH services application guide](#) documents.

Next steps

BHH services policy staff will update BHH services documentation where applicable, and when these updates are complete we will send them out to providers. DHS will host an information session in the future to review these changes and provide time for questions and discussion. Additional details will be provided as they become available.

DHS is committed to ensuring that BHH services requirements are workable for providers and that they enable providers to deliver high quality services. We want to take this opportunity to thank you for your feedback in regards to BHH services. We value provider feedback as we continue to support implementation of BHH services. If you have any questions, please contact Michaelyn Bruer at michaelyn.bruer@state.mn.us.