

Behavioral Health Home Services Legislative Changes 2020



Hello, my name is Michaelyn Bruer and I am a care integration liaison on the behavioral health home (BHH) services team here at DHS. Welcome to today's webinar about the recent policy changes to BHH services.

Before we begin today we have a couple of housekeeping notes:

- To help prevent interference and sound problems, please put your phones on mute.
- Please do NOT put your phones on hold as that sometimes causes feedback issues or background music.
- If you have a question or want to make a comment during this short presentation, use the CHAT BOX to send a message to the host. We will also have an opportunity at the end for questions.
- This webinar is being recorded and will be available on our website.

On Thursday, February 6, we sent a link to a memo that outlines the changes to the BHH services standards made to align with the revisions to the statute authorizing BHH services. If you did not receive an email and would like the link to the memo, please send a message in the comment box, and we will send that to you.

Objectives

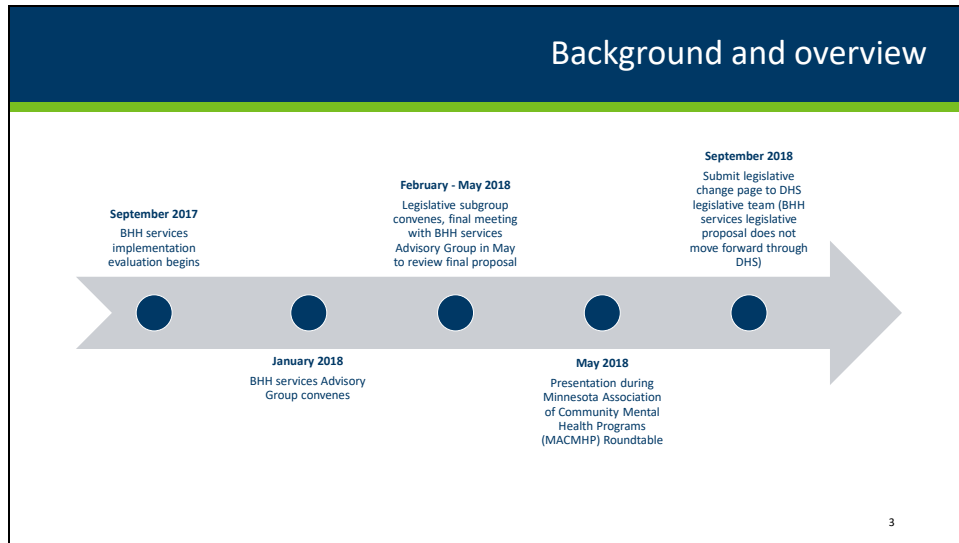
- BHH services providers will have an overview of the legislative process that led to the changes in BHH services delivery.
- BHH services providers will be able to understand the [legislative changes](#) and revisions to [BHH services standards](#).
- BHH services providers will learn about changes to the patient registry requirements.
- BHH services providers will be able to ask questions and receive additional clarification on the changes.

2

Our plan for today is

- To revisit the process that led to the changes in BHH services delivery
- To discuss the changes in the BHH services standards as a result of the legislative changes
- To review the changes to the patient registry requirements
- And to provide time for you to ask any questions. Please send your questions in the comment box. If we are unable to answer all your questions today, we will be sending out a follow up email with all the questions and answers.

To start, we will review the timeline of events that led to the policy changes we are discussing today.



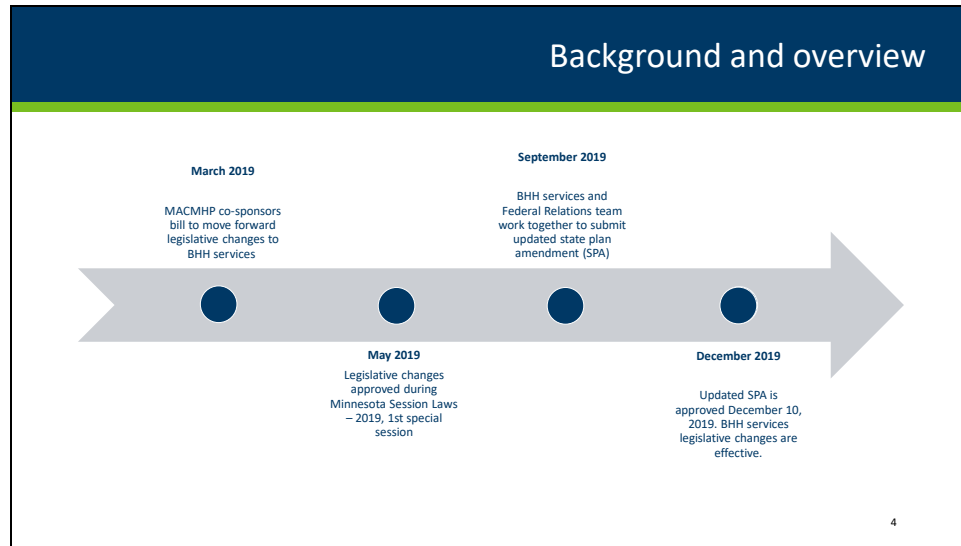
After a year and a half of experience with BHH services, DHS realized some successes to the program, but also learned from providers about areas where policy improvements were needed to support the sustainability and success of BHH services.

So, in January 2018, DHS reconvened the BHH services advisory group to continue this discussion and begin the work to develop a legislative proposal to refine BHH services policy. At this meeting, DHS provided an overview of BHH services, an overview of the implementation evaluation work with Wilder research and a call for volunteers to participate in a legislative subgroup. This workgroup was tasked to look at the refinement of BHH services policy in the following areas:

- eligibility requirements for BHH services,
- continuing eligibility and discharge criteria,
- service delivery standards,
- BHH services team requirements,
- variance authority;
- and practice transformation.

The legislative subgroup wrapped up in May 2018. In May, DHS convened the advisory group to review the proposed changes developed by the subgroup and provide additional feedback. DHS also presented the work of the advisory and sub groups to the Minnesota Association of Community Mental Health Programs and an overview of the proposed changes.

In September 2018, the BHH services team submitted a legislative change page for the BHH services legislative proposal to be submitted with the DHS package to the governor. Unfortunately, the proposal was not approved to be included in the DHS package to the governor.



However, in March 2019, the Minnesota Association of Community Mental Health Programs co-sponsored a bill to move forward a legislative proposal containing the changes developed by the subgroup. The legislative changes were approved by the Minnesota State Legislature in May 2019 and the changes would be effective upon federal approval.

The DHS BHH services team worked with the DHS Federal Relations team to update and submit an updated state plan amendment (SPA) to Centers for Medicaid and Medicare Services. The update was submitted in September 2019. The update was approved on December 10, 2019, at which time the revised statute authorizing BHH services became effective.

Next, I will provide a summary of the major policy changes that came out of the proposal.

BHH services policy changes at-a-glance	
Major BHH services policy changes	
1.	Removal of the diagnostic assessment (DA) as a requirement for eligibility
2.	Addition of the community health worker to the qualifications of the role of the systems navigator
3.	Addition of the peer recovery specialist to the qualifications of the role of the qualified health home specialist
4.	Addition of required ongoing training and pre-service training for providers
5.	Establishment of discharge criteria
6.	Authority for DHS to grant a variance to standards
7.	Updates to the patient registry

5

This slide provides an overview of the major policy changes to BHH services which we will cover in more depth in the following slides. We will review:

The removal of the diagnostic assessment (DA) for eligibility criteria

The addition of the qualification of a community health worker (CHW) to the role of systems navigator

The addition of the qualification of a peer recovery specialist to the role of the qualified health home specialist.

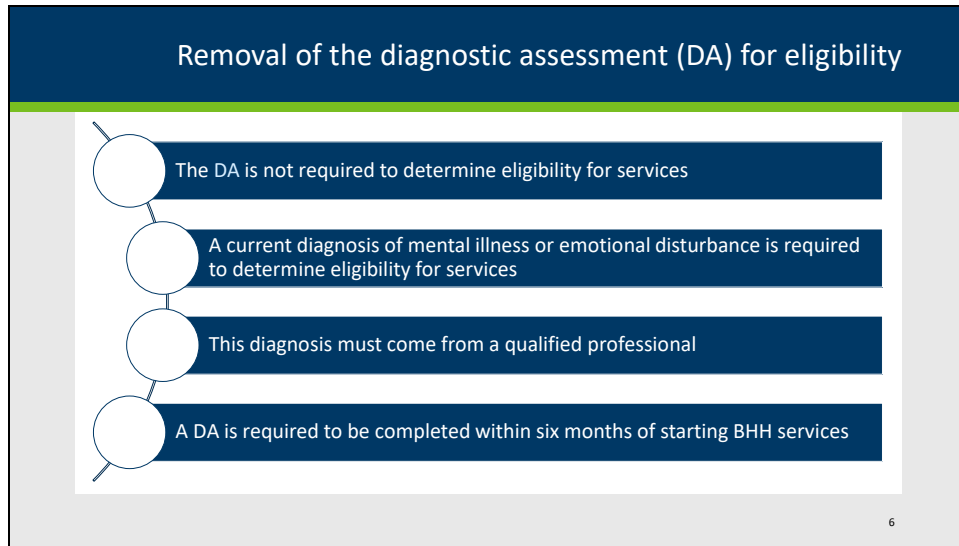
The addition of preservice and ongoing training requirements for providers

The establishment of discharge criteria

The authority for the Department of Human Services (DHS) to issue a variance to standards to allow flexibility when appropriate.

Changes made to the patient registry.

Removal of the diagnostic assessment (DA) for eligibility



One major policy change is in the determination of eligibility for BHH services. A diagnostic assessment is no longer required to determine eligibility for BHH services, instead an individual must have a current diagnosis of mental illness or emotional disturbance from a qualified professional to be eligible for BHH services, alongside Medicaid eligibility.

We understand that for many providers, typically the DA is used to determine a diagnosis of mental illness for an individual. And in removing this requirement, many providers may have the question of how to obtain a diagnosis without the DA. As well as the documentation required to provide this diagnosis.

Through our engagement with providers and community members, we heard over and over again that the requirement for a DA to establish eligibility for BHH services was a barrier. In the legislative proposal we were able to include the change to remove the requirement for the DA.

BHH services are funded under the federal health home law. The federal law requires the person to have two chronic conditions; or one chronic condition and be at-risk for another chronic condition; or have serious mental illness. The removal of the requirement for a DA does not remove the requirement to meet federal requirements – meaning that we still have to establish that the person has a mental health diagnosis.

Diagnosis vs. DA

A diagnostic assessment is a lengthy evaluation that has prescribed elements. Under current medical assistance law, a person may only receive certain services (individual or family therapy or crisis services) without a DA. Because, BHH is not a “mental health clinical service,” the rules that prevent the provision of mental health services without a DA do not apply to BHH services.

To establish that a person has a serious mental illness, a qualified professional needs to determine that the person has symptoms consistent with a Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnostic code and that those symptoms create a functional impairment. The following are examples of a diagnosis that would be an acceptable basis to establish eligibility for BHH services:

- Physician diagnosis of depression
- Mental health professional diagnosis based on screening and initial interview/therapy session
- Licensed independent clinical social worker (LICSW) diagnosis of anxiety

A “current” diagnosis is considered by DHS to be a diagnosis made within the past twelve months by a qualified professional.


For the purposes of BHH services, a qualified professional is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service. This may include a physician, a physician assistant, an advanced practice registered nurse, or a licensed mental health professional.

Documentation of the diagnosis can come in many forms:

- Written statement from qualified professional. This could include a form created by the BHH services provider that would indicate the DSM diagnostic code and indication of functional impairment.
- Discharge summary from inpatient stay or emergency department.
- Diagnosis within an after visit summary (AVS).
- Problem list from a clinic visit.
- Medical records.
- An Individual Education Program (IEP) that contains an assessment from a qualified professional.
- Brief diagnostic assessment.
- Current diagnostic assessment.

Team member qualifications: Systems navigator

Addition of the qualification of a community health worker (CHW)



7

The slide features a dark blue header with the text 'Team member qualifications: Systems navigator'. Below the header is a light gray background with a dark blue vertical bar on the left. A white rounded rectangle contains the text 'Addition of the qualification of a community health worker (CHW)'. To the right of this text is a photograph of three healthcare professionals (two women and one man) in scrubs, smiling. A small number '7' is located in the bottom right corner of the slide.

Another policy change included the addition of the qualifications of a community health worker (CHW) to the role of the systems navigator. This additional qualification provides more flexibility for BHH services providers to hire a BHH services team that will best meet the needs of the populations they are serving. As CHWs are increasingly becoming an important part of health care teams as they work to better reach and serve populations facing inequities.

Team member qualifications: Qualified health home specialist

Addition of the qualification of a peer recovery specialist



8

Another change to team member qualifications included the addition of the qualification of peer recovery specialist to the qualified health home specialist position. Recent substance use disorder reform legislation added new services, including peer recovery support, to the MHCP benefit set. For organizations who provide these services, the addition of this qualification provides increased flexibility to use those professionals and to hire a BHH services team that can best meet the needs of those they serve.



Another policy change includes the addition of expectations for training and ongoing learning. Providers must ensure BHH services staff receive adequate preservice and ongoing training, that staff is capable of implementing culturally responsive services and that staff participate in the DHS' practice transformation activities to support continued skill and competency development in the provision of integrated medical, behavioral health, and social services.

DHS will provide online and/or in-person trainings to support providers in learning about the goals and principles of BHH services. BHH services providers must have a plan to ensure that all BHH services team members receive appropriate pre-service training and onboarding.

Discharging an individual from services

A provider can discharge an individual from services if:

- They are unable to locate, contact, and engage the individual for a period of greater than three months
- The individual is unwilling to participate in behavioral health home services

Before discharge, a provider must offer a face-to-face meeting to discuss options available to the individual.

10

The policy changes also established discharge criteria for BHH services providers that wish to use it and have that guidance. Feedback from BHH services providers indicated that it would be helpful to have an established set of criteria to help them determine when to discharge individuals that have been difficult to engage or maintain contact with.

Providers will be able to discharge individuals if they are unable to locate, contact, and engage the individual for a period of greater than three months after persistent efforts; or the individual is unwilling to participate in behavioral health home services. This may mean an individual is refusing to meet with the team or is not working toward their health and wellness goals or the activities to support those goals.

Before discharge from behavioral health home services, the behavioral health home services provider must offer a face-to-face meeting with the individual, the individual's identified supports, and the behavioral health home services provider to discuss options available to the individual. These options could include continuing with behavioral health home services.

Variance requests

Providers are able to request a variance on specific service requirements. The variance request must include:

- the reason for the variance request, and
- the period of time the variance is requested.

To request a variance, providers must complete the BHH services variance request form.

Examples may include:

- Changes to the patient registry elements
- Alternative staffing model

11

The addition of variance authority is another policy change that came from the legislative proposal. As you know, applicants must meet all behavioral health home services standards in order to become certified. Occasionally, there are barriers or other good reasons that a portion of a standard or standards can't be met, but in which denying certification does not serve the State's purposes or general public interest. The addition of variance authority allows an applicant to request a variance from specific service delivery requirements in these instances.

DHS may grant a variance from the requirements when:

- failure to grant the variance would result in hardship to the provider, a hardship may be considered something greater than an inconvenience or that may result in significant costs to the clinic to implement
- the variance is consistent with public interest
- the variance would not reduce the level of services provided to individuals served by the organization, or
- the variance is innovative and will improve the delivery of BHH services.

To request a variance, a provider will have to complete the variance request form for review and approval. Please contact Michaelyn Bruer at michaelyn.bruer@state.mn.us for a copy of the variance request form which is now available.

An example of a variance could include a change to the required patient registry elements, if the minimum required elements do not fit the needs of the population you serve. Another example might include an alternative staffing model for the BHH services team.

We will be working with providers who currently have an alternative staffing model in place to submit the variance form request form for official documentation if there is none in place currently.

We also encourage you to reach out to the DHS policy team to further discuss any variances you may be considering.

Patient Registry	
Updated Patient Registry Elements	Type of Change
> Name	Same
> Age	Added
> Sex assigned at birth	Added
> Gender identity	Added
> Race	Added
> Ethnicity	Added
> Housing status	Added
> Highest education level completed	Added
> Preferred Language	Same
> Physical Health diagnosis	Modified
> Additional physical health diagnosis if applicable	Modified
> Date of last visit with primary care provider	Modified
> Dental exam within the past 12 months (Yes or No)	Modified
> Mental health diagnosis	Modified
> Other mental health diagnosis if applicable	Modified
> Any known current substance use disorder diagnosis	Modified
> Current SUD treatment status	Modified
> Other substance use status	Modified
> Do you use one or more commercial tobacco products, including e-cigarettes?	Modified
> Nicotine dependence treatment status	Modified

The patient registry is an electronic, sortable tool intended to support population and care management strategies, and allow for data tracking and monitoring over time to help improve quality. In an effort to optimize its use, DHS proposed changes to the required patient registry elements. BHH services providers provided input and feedback on these elements through a survey process.

This table depicts the changes made to the patient registry elements. Overall, you will notice that administrative tasks, such as the date that you completed the health wellness assessment, was taken off of the required patient registry elements. It is still an expectation that providers are able to meet timeline requirements, but it is not necessarily meaningful information that drives improvements to the delivery of BHH services. The updated patient registry elements are in place to support population health and individual care management strategies, and provide a more useful tool for providers. Over time, organizations are encouraged to further develop these registries, adding data elements to better meet their needs.

Because we know that certain populations experience disparities and a disproportionate rate of poor outcomes, updated patient registry elements include sex assigned at birth, gender identity, race, and ethnicity so that providers are able to better understand those disparities for the population they are serving. Making these visible brings them to the forefront for identifying potential solutions. Housing status and highest educational level completed are two additional health wellness assessment elements that are now required to be tracked in the patient registry. Understanding other determinants of health about the population you serve, such as the rates of housing instability and overall educational status of the population you serve will help you in prioritizing community partnerships and referral resources. Your organization will also have important data to inform communities and systems of care about gaps and their impact. Common co-occurring physical health conditions experienced by individuals being served in BHH services include diabetes, asthma, and other conditions. These are examples of specific physical health diagnoses that your organization may choose to develop population health or quality improvement strategies around. The elements in a patient registry can track the rate at which these diagnoses effect the population you serve. Additional guidance related to these

patient registry elements are a part of the certification and application guide, which will be available to providers in the upcoming weeks.

While not included in the slides, there have also been some modifications to the wording of the elements of the health action plan. In addition, the elements of the health wellness assessment have been updated to reflect the changes in the patient registry. The changes to the patient registry, health action plan, and health wellness assessment are updated on the required elements document.

Thank you and resources



The slide features the Minnesota Department of Human Services logo in the top right corner. A dark blue horizontal band across the middle contains the text "Thank you!" in a large white font, with the email address "michaelyn.brue@state.mn.us" below it. The bottom section of the slide is light gray and contains a list of resource links with their respective titles in bold.

mn DEPARTMENT OF HUMAN SERVICES

Thank you!

michaelyn.brue@state.mn.us

Diagnostic assessment in the MHCP manual:
https://www.dhs.state.mn.us/main/idcplg?dcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_058048

MN Statutes Definitions:
<https://www.revisor.mn.gov/statutes/cite/245.462>

Legislative Changes Memo:
https://mn.gov/dhs/assets/bhh-memo-services-standards-updates-january-2020_tcm1053-419040.pdf

Required Elements for the Health and Wellness Assessment and Patient Registry:
<https://edocs.dhs.state.mn.us/lserver/Public/DHS-7423-ENG>

BHH services MHCP Manual:
https://www.dhs.state.mn.us/main/idcplg?dcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS-290481

BHH services statute
<https://www.revisor.mn.gov/statutes/cite/256B.0757>

13

Please see links to resources below:

[Diagnostic assessment in the MHCP manual](https://www.dhs.state.mn.us/main/idcplg?dcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_058048)

[MN Statutes Definitions](https://www.revisor.mn.gov/statutes/cite/245.462)


[Legislative Changes Memo](https://mn.gov/dhs/assets/bhh-memo-services-standards-updates-january-2020_tcm1053-419040.pdf)

[Required Elements for the Health and Wellness Assessment and Patient Registry](https://edocs.dhs.state.mn.us/lserver/Public/DHS-7423-ENG)

[BHH services MHCP Manual](https://www.dhs.state.mn.us/main/idcplg?dcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS-290481)

[BHH services statute](https://www.revisor.mn.gov/statutes/cite/256B.0757)

Questions?



14

Please raise your hand in the webex and you will be taken off mute.....