Adult 1915(i) Provider Training – BPHC Applications

Indiana FSSA/DMHA
Adult 1915(i) AMHH/BPHC State Evaluation Team
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BPHC Topics

• Application Status in DARMHA

• Application and IICP Category Requirements
Application and IICP Category Requirements

Unnecessary Information

- Medication Listings
- F codes
- Medical Codes
What information is necessary? 
Living Situation

- **Current Living Situation**
  - PCD report

- **Description of the Living Situation**
  - Describe the features that demonstrate client’s living situation is a community based setting
What information is necessary?  
Justification for Need of Program

- Mental Health Diagnosis
- Physical Health Issues
- What we need to know is…how does the mental health diagnosis impede client addressing their physical health issues
What information is necessary?  
Consumer’s Current Situation

- What other supporting information you think would be helpful for the SET to know in order to provide a determination
  - Hospitalizations
  - Missed appointments
  - Legal guardian
  - Housing issues
  - Increased physical health issues
  - Not taking medications
  - How are they dealing with their physical health issues now
What information is necessary?
Benefits of the program

- Things to consider
  1. What was the client able to do in the last 6 months in regards to medical issues that they weren’t able to do without your help?
  2. How has this improved the client’s quality of life?
  3. If you haven’t been able to contact the member, what have been the barriers?
  4. Also, it is important to provide how you have reached out and the number of attempts.
What information is necessary?

IICP

- **Needs Statement**
  - Client will, CM will assist - focusing on physical health

- **Goals Statement**
  - Client’s own words referencing physical health issues

- **Objectives Statement**
  - Measurable activities that will help client’s reach their goals

- **Strategies**
  - BPHC case management services
BPHC Application
Trends

- Current IICP similar to previous IICP
- IICPs are not individualized
  - Goals and Objectives are general and used for each client
- Narrative Ambiguity
DARMHA Application Status

- Listing of all DARMHA application statuses and their definitions in the BPHC Provider Module
  - Link is located on the BPHC webpage at: [http://www.in.gov/fssa/dmha/2883.htm](http://www.in.gov/fssa/dmha/2883.htm)

- Each provider is responsible for monitoring their agency’s BPHC applications submitted to ensure timely processing

- If more information regarding an application is needed, provider may contact BPHC State Evaluation Team (SET) at 317-232-7800 or at BPHCService@fssa.IN.gov
DARMHA Statuses Requiring Additional Provider Involvement

➢ “DMHA Pending”

➢ “DMHA Denied”
“DMHA Pending” Status

- Submitted application was pended by the SET and requires further information from the provider
- Provider is responsible for checking in DARMHA daily for any applications in the “DMHA Pending” status
- The provider must:
  1. Review the reason application was pended
  2. Correct/clarify information as needed, and
  3. Resubmit the application in DARMHA within seven (7) calendar days of application being placed in “DMHA Pending” status
- Once the pended application has been resubmitted, it will be reviewed by the SET to determine BPHC clinical eligibility
“DMHA Denied” Status

- Provider-submitted BPHC application was denied for clinical eligibility by the SET

- Denial notifications are sent to:
  - Provider contacts listed on the application (via e-mail)
  - Consumer applying for BPHC (via USPS mail)
DFR Statuses Requiring Additional Provider Involvement

- “DFR Pending”
- “DFR (HP) Conditional”
“DFR Pending” Status

- Application has been clinically approved by the SET and submitted to DFR for Medicaid eligibility determination
  - It is important to remember that “DFR Pending” is a DARMHA-only status. DFR will not recognize this status.
- DFR may require additional information from the member in order to process their Medicaid application
  - Provider must verify Medicaid eligibility for the member and ensure a Medicaid application has been submitted in conjunction with the BPHC application if member does not have active Medicaid
- Provider can contact DFR at 1-800-403-0864 to determine what information DFR requires to further process the member’s Medicaid eligibility
“DFR Pending” Status (continued)

- If DFR states no further information is required for processing, member (or authorized representative) may request that DFR review the member’s Medicaid case for eligibility for all Medicaid categories.

- If contacting DFR via telephone does not resolve the issue, submit an e-mail for resolution to your agency’s regional DFR office. DFR Regional e-mail addresses may be found on the following link: [http://www.in.gov/fssa/files/DFR_Map_and_County_List.pdf](http://www.in.gov/fssa/files/DFR_Map_and_County_List.pdf)
“DFR Pending” Status (continued)

- Once the issue has been resolved and it has been determined the member has active Medicaid, the provider is advised to continue to track the application in DARMHA to ensure it is processed timely.

- If there has been no change to the DARMHA status after 10 business days of the determination of Medicaid eligibility, please notify the SET via e-mail (bphcservice@fssa.in.gov).
“DFR (HP) Conditional” Status

• Renewal BPHC application was submitted to HP for a BPHC service package assignment, but was returned as “member not having active Medicaid”

• Normally occurs when a member has been scheduled for their Medicaid redetermination and has either missed the appointment or not returned the information to Medicaid as required
“DFR (HP) Conditional” Status (continued)

- Recommend member/authorized representative contact DFR at 1-800-403-0864 to determine what information DFR requires to further process the member’s Medicaid eligibility

- If DFR states no further information is required for processing, request that DFR review the member’s Medicaid case for eligibility for all Medicaid categories
“DFR (HP) Conditional” Status (continued)

- If contacting DFR via telephone does not resolve the issue, submit an e-mail for resolution to your agency’s regional DFR office. DFR Regional e-mail addresses may be found on the following link: http://www.in.gov/fssa/files/DFR_Map_and_County_List.pdf

- Provider must continue to track the application to ensure it is processed timely
“DFR (HP) Conditional” Status (continued)

Once the issue has been resolved and the provider has determined the member has active Medicaid, **provider must contact the SET via e-mail** (bphcservice@fssa.in.gov) to request resubmission of the member’s application to HP.
QUESTIONS?