Adult 1915(i) Behavioral and Primary Healthcare Coordination (BPHC) SFY18 UPDATES

Indiana FSSA/DMHA
Adult 1915(i) State Evaluation Team
May 18, 2017
AGENDA

I. BPHC Requirements

II. BPHC Application

III. BPHC QA Review Process
Part I

BPHC REQUIREMENTS

Ryan Ballard
1915(i) Adult Program Coordinator
BPHC SERVICE DOCUMENTATION
REQUIREMENTS

Effective SFY18 (July 1, 2017), BPHC quality assurance will be closely monitoring of BPHC documentation requirements. All clinical documentation of BPHC service provision must be compliant with the required information detailed in BPHC Rule 405 IAC 5-21.8-6.

• Mirrors the requirements for MRO documentation

Documentation must:

• Reflect progress towards the goals reflected in the member’s IICP
• Be updated with every encounter when BPHC billing is submitted for reimbursement
• Be written and signed by the BPHC eligible agency staff rendering services
Documentation must:

• Focus on recovery and habilitation or rehabilitation

• Reflect utilization of the BPHC service and the member’s BPHC goals

• Support coordination or management of identified health needs and services

• Emphasize member strengths
Clinical documentation of services provided must contain the following:

- The type of BPHC service being provided
- The names and qualifications of the staff providing the service
- The location or setting where the service was provided
- The focus of the session or service delivered to or on behalf of the member
- The member’s symptoms, needs, goals, or issues addressed during the session
- The actual time spent rendering the service
- The start and end time of the service
- The member’s BPHC IICP goal being addressed during the service
- The progress made towards meeting goals noted on the IICP
- The date of service rendered including month, day, and year
Per BPHC Rule 405 IAC 5-21.8-6(f), documentation for services provided on behalf of the member (or when the member is not present) must include:

• The names of all persons attending the session AND each person’s relationship to the member

• How the service:
  ➢ Benefitted the member; and
  ➢ Assisted the member in reaching the IICP goal(s) outlined within the BPHC service plan.
IICP GOALS for BPHC

• BPHC IICP goals must be supported in clinical documentation as a service or service activity that continues to promote stability for the BPHC member and enables the member to move toward obtaining treatment and healthcare goals identified in the member’s IICP.

• BPHC IICP goals must be current and updated on BPHC renewal applications.
BPHC SERVICE PROVISION

• The State Evaluation Team (SET) reviewed SFY 2017 data and found a decrease in BPHC service provision. In records reviewed during QA visits, we found 26% of members enrolled in BPHC did not have any documented BPHC service activities.

• In order to ensure members have access to and engagement in BPHC service activities, the SET is adding two QA elements focused on service provision.
BPHC SERVICE PROVISION

Effective July 1, 2017 (SFY 2018), the SET QA reviews will include:

1) Verification that a face-to-face treatment plan update has occurred every 90 days as required
   – The treatment plan must include at least one BPHC objective and be signed by the member

2) Verification that members have had at least one documented BPHC service during each eligibility period
   – QA element of at least a minimum of 1 documented BPHC service that addresses the members needs and goals per eligibility period
   – Contacts and activities necessary to ensure that the IICP is effectively implemented and adequately addresses the needs of the member 405 IAC 5-21.8.8 (b)(5)(B)
BPHC Services v. MRO Services

- The SET believes that many of these services are being provided, but they are being categorized as MRO service.
- The SET encourages providers to categorize services as BPHC when appropriate.
BPHC REQUIREMENTS

Questions
Part II

BPHC APPLICATION

Jocelyn Piechocki
BPHC State Evaluation Team
BPHC APPLICATION

• Improving BPHC Application Accuracy

• Revised BPHC Application and IICP
BPHC APPLICATION COMMON ERRORS

Applicant Information

Physical Address vs. P.O. Box Address
Living Situation

1. Incongruent Information
2. Applicant Information
   - P.O. Box address
   - Homeless - Physical Address Needed
3. Description of the Living Situation
   - Institutional Setting - Date of Discharge is required

Description of the Living Situation:
Describe the applicant’s current living situation (as of the date of application), including the features of the housing situation that ensure it meets criteria for a home and/or community-based setting. If the applicant is currently in an institutional setting but is being discharged to the community within 90 days, please provide anticipated discharge date and expected living situation post-discharge.
BPHC IICP ERRORS

Goals

1. Must be current/updated
2. Must be Measurable
3. Goals must be individualized for each applicant
4. Encourage use of applicant’s own words

Goals:
Goals should address consumer's physical health issues which promotes stability and movement toward independence and continued community integration.
BPHC APPLICATION SUPPORTING DOCUMENTATION REVISIONS

- Applicant Information
- Current Living Situation
- Mental Health Diagnosis
- Physical Health Issues
- BPHC Service Activities Provided
Applicant Information

A physical address must be in “Home Address 1:”; never a P.O. Box

A P.O. Box is only acceptable in “Home Address 2:”
Current Living Situation

<table>
<thead>
<tr>
<th>Community-based Settings:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless</td>
</tr>
<tr>
<td>Private/Independent Home</td>
</tr>
<tr>
<td>Non-POCO residential setting that fully complies with HCBS requirements</td>
</tr>
<tr>
<td>Non-POCO residential setting that does not fully comply with HCBS requirements</td>
</tr>
<tr>
<td>POCO residential setting that fully complies with HCBS requirements</td>
</tr>
<tr>
<td>POCO residential setting that does not fully comply with HCBS requirements</td>
</tr>
<tr>
<td>Potential Presumed Institutional setting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Institutional Settings:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Home</td>
</tr>
<tr>
<td>Hospital</td>
</tr>
<tr>
<td>Institution for Mental Disease (IMD)</td>
</tr>
<tr>
<td>ICF/IID</td>
</tr>
<tr>
<td>Jail/Correctional Facility</td>
</tr>
</tbody>
</table>

New Layout

<table>
<thead>
<tr>
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</tbody>
</table>
Revised “Current Living Situation” Section of DARMHA Application for AMHH and BPHC – Non-POCO Residential Settings

Current View and Function

Provider is required to indicate whether the setting is or is not fully compliant, based on their assessment of the setting.

If setting is not fully compliant, provider sees drop-down menu and must make selections based on their assessment.
POCO Residential “Address Check” Feature

• A new “address check” feature in DARMHA is live
• Intent is twofold
  – Ensure residential setting type, especially for POCO residential settings, is correctly identified
  – Alert DMHA SET to possible previously unidentified POCO residential settings
“Address Check” Feature in DARMHA

DARMHA will compare the address listed in the “Home Address 1” box of the application against a database of known POCO residential settings, and with the selection made by the provider in the “Current Living Situation” section.

A mismatch will indicate either a setting type identification error by the provider, or the presence of a previously unidentified POCO residential setting that must be assessed.

Note: if an applicant uses a P.O. box as their mailing address, that must go in the “Address 2” box. There must be a physical street address entered in the “Home Address 1” box.
Mental Health Diagnosis

<table>
<thead>
<tr>
<th>Mental Health Diagnosis:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicate applicant’s eligible BPHC mental health condition(s) as well as the current symptoms associated with their condition(s).</td>
</tr>
</tbody>
</table>

**Justification of Need for Program:**

Provide mental health diagnosis and physical health issue(s). Describe how the mental health diagnosis impedes the consumer’s ability to manage physical health.
Physical Health Issues

<table>
<thead>
<tr>
<th>Consumer’s Current Situation:</th>
<th>Physical Health Issues:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indicate applicant’s current physical health issues for which they need assistance in accessing and/or coordinating care.</td>
</tr>
</tbody>
</table>

1. Please list current physical health issue(s)
   - Previously diagnosed by a physician or by client/family self-report
2. Please Do Not provide list of medications
BPHC IICP REVISIONS

Revised Components of the IICP

• Justification for Need of Program

• Objectives
BPHC APPLICATION SUPPORTING DOCUMENTATION

REVISIONS

(cont.)

BPHC Service Activities Provided

CURRENT

NEW

If YES, please provide BPHC dates of service during the eligibility period and describe the activity provided.

If YES

BPHC Service Activities (T1016 UC) activities provided and billed for the current eligibility period.

Was the BPHC service utilized for this applicant?

☐ YES ☐ NO (Must document why the approved service was not utilized for the applicant AND what your agency will do to engage member into services.)

If NO

Date of Service

BPHC Activity Provided

(free-text/narrative)
Justification for Need of Program

**Needs Statement:**
Indicate medical and support service coordination needed by the consumer in order to reside in the community (i.e. Consumer will..., CM will).

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**Justification for Need of Program**

Describe: 1) how the mental health condition(s) impedes applicant’s ability to manage their physical health issues and 2) the BPHC support service activities and/or coordination that is necessary for the applicant to continue to reside in the community.
### Objectives

Objectives must identify the necessary steps the applicant needs to take in order to accomplish their physical health goals listed above.

<table>
<thead>
<tr>
<th>Objectives:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objectives must be related to management of physical health conditions, linking back to the Goals and Needs.</td>
</tr>
</tbody>
</table>

1.

<table>
<thead>
<tr>
<th>New Layout</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objectives:</td>
</tr>
<tr>
<td>Objectives must identify the necessary steps the applicant needs to take in order to accomplish their physical health goals listed above</td>
</tr>
</tbody>
</table>

1.
Part III

BPHC QA REVIEW PROCESS
Part IIIa

BPHC QA REVIEW COMPLIANCE THRESHOLD

Jeremy Heyer, MPH
BPHC State Evaluation Team
QUALITY ASSURANCE (QA) REVIEW THRESHOLDS

• Effective SFY18 (July 1, 2017)

• Created thresholds to “provide more meaningful feedback to provider(s).”

• Four distinct tiers will identify compliance outcomes of yearly audits.
  – 95% - 100%
  – 85% - 94.9%
  – 75% - 84.9%
  – <75 %

• Tiers will be used to help the provider identify areas for improvement
Threshold Tier 1
95% - 100%

No Further Action Required
• The agency has *no* follow-up required.
• Received a score of $\geq 95\%$ on *all* reviewed standards.

OR

Area Specific Action Plan (ASAP) Required
• A composite score of $\geq 95\%$ *but* one or more specific standard(s) is $< 95\%$.
  – e.g. composite score is 96.4% *but* a standard is 93% (ASAP required for that *one* standard)
Threshold Tier 2
85% - 94.9%

Corrective Action Plan (CAP) Required

• Agency required to complete a CAP on all non-compliant standards

• CAP requirement is same as in previous years
Threshold Tier 3
75% - 84.9%

Corrective Action Plan (CAP) Required

• Provider required to complete a CAP on all non-compliant standards
• CAP is same as in previous years and Tier 2

AND

BPHC Technical Assistance (TA) Required

• A composite score of 75%-84.9% equates to an agency specific TA at DMHA. This TA will be scheduled by DMHA Team Lead with your agency’s primary provider contact. The TA will address QA review non-compliance and any other areas of improvement necessary for the BPHC program.
Threshold Tier 4

<75%

Corrective Action Plan (CAP) Required

- Provider required to complete a CAP for all non-compliant standards
- CAP is same as in previous years and Tiers 2 & 3

**AND**

BPHC Technical Assistance (TA) Required

- A composite score of 75%-84.9% equates to an *on-site* agency specific training at DMHA. This training will be scheduled by DMHA Team Lead with your agency’s primary provider contact. The *on-site* TA will address QA review non-compliance and any other areas of improvement necessary for the BPHC program.

**AND**

QA Re-Visit Required

- An additional QA review will be completed on-site by the DMHA SET within the same fiscal year.
### Threshold Compliance Tiers
#### A Summary of Agency Action Required

<table>
<thead>
<tr>
<th>PERCENTAGE of COMPLIANCE</th>
<th>AGENCY REQUIRED ACTION</th>
</tr>
</thead>
</table>
| 95% - 100%               | No further action required (all standards achieved ≥95%)  
                          | **OR**  
                          | Area-Specific Action Plan (corrective action only for standards with <95% compliance) |
| 85% - 94.9%              | Corrective Action Plan  
                          | (corrective action for all standards with a non-compliant finding) |
| 75% - 84.9%              | BPHC Technical Assistance (agency-specific training)  
                          | **AND**  
                          | Corrective Action Plan (corrective action for all standards with a non-compliant finding) |
| <75%                     | BPHC Technical Assistance (agency-specific training)  
                          | **AND**  
                          | Corrective Action Plan (corrective action for all standards with a non-compliant finding)  
                          | **AND**  
                          | QA Re-Visit (additional QA review during same fiscal year) |
Part IIIb

BPHC QA REVIEW REPORTS

Marsha Williams
BPHC State Evaluation Team
BPHC QA TIPS

- Must have face-to-face verification for ANSA assessment correctly documented in a progress note
- Must have face-to-face verification for BPHC application evaluation correctly documented in a progress note
- Must have a face-to-face treatment plan update every 90 days signed by the member, which includes at least one BPHC objective
- Attestation form(s) must be completely filled out, signed, and dated
  o If applicable, all boxes/lines must be checked for each attestation
  o Signed and dated by the applicant
- Residential Setting Screening Tool (RSST) must be fully completed
  o Date of residential screening must be documented at the top of the form
  o Signed and dated by the applicant
- Staff Qualifications sheet must contain all BPHC staff and their qualifications
  o Include the most recent BPHC training date that is prior to the review period
UPDATED BPHC QA REVIEW PROCESS

• Agency review of policies and procedures will occur at the beginning of each State Fiscal Year (SFY) starting SFY2018 (instead of during your agency’s BPHC QA Review)
  ➢ This was Attachment A in prior year reviews

• Provider’s compliance with the BPHC program standards and any provider required follow-up will be determined by percentage of compliance achieved for the review (thresholds)

• Report of all BPHC services provided during the review time frame for the selected members for chart review must be submitted to SET prior to review date
QA ELEMENTS EFFECTIVE JULY 1, 2017

• Verification of face-to-face treatment plan review with member at least every 90 days

• Each BPHC member must have at least one BPHC service provided for each approved eligibility period within the review timeframe 405 IAC 5-21.8.8 (b)(5)(B)

• Each BPHC service provision date documented on the approved renewal application will be verified in your agency’s clinical record
CHANGES TO BPHC QA REPORTS

BPHC QA report and attachments have been revised to provide more specific information to providers.

- BPHC QA Review Report
- Attachment A: BPHC Application Process Review
- Attachment B: BPHC Staff Qualifications
- Attachment C: BPHC Service Provision and Treatment Plan Review
- If required, Area Specific Action Plan or Corrective Action Plan
ATTACHMENT A

BPHC Application Process Review Report

Your agency’s *Review Compliance Percentage for BPHC Application Process is located at the top right of the report.

Each standard reviewed is listed with the specific compliance percentage achieved.

<table>
<thead>
<tr>
<th>BPHC Standard</th>
<th>Governing References: xxxxxxxxxxxxxxxxxxx</th>
<th>SPA: Evaluation: xxxxxxxxxxxxxxxxxxx</th>
<th>COMPLIANCE PERCENTAGE</th>
<th>100%</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Non-Compliant DARMHA ID</th>
<th>Non-Compliant IICP</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>111111</td>
<td>2222</td>
<td>No verification found</td>
</tr>
<tr>
<td>222222</td>
<td>1111</td>
<td>No verification found</td>
</tr>
</tbody>
</table>

* Average of compliance percentages for all standards for this report
ATTACHMENT B
BPHC STAFF QUALIFICATIONS REPORT

This attachment remains the same

- No compliance percentage for this report
- Only lists non-compliant staff qualifications

<table>
<thead>
<tr>
<th>Staff Name</th>
<th>Date(s) BPHC evaluation occurred while non-compliant</th>
<th>Reason for Non-Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe, John</td>
<td>6/1/2014</td>
<td>Staff did not receive required BPHC training prior to providing service</td>
</tr>
</tbody>
</table>

BPHC Service Provided by Staff Determined Not to be Compliant

Staff Determined Not Qualified to Provided Service

Date(s) BPHC Service Provided by Staff

Reason Staff Determined Not Qualified for Service Provided
ATTACHMENT C
BPHC SERVICE PROVISION
and
TREATMENT PLAN REVIEW REPORT

Your agency’s average Review Compliance Percentage for BPHC Service Provision and Treatment Plan Review is located at the top right of the report.

<table>
<thead>
<tr>
<th>ATTACHMENT C</th>
<th>BPHC SERVICE PROVISION and TREATMENT PLAN REVIEW</th>
<th>PROVIDER REVIEW COMPLIANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency:</td>
<td>Date of Review:</td>
<td>Review Period:</td>
</tr>
<tr>
<td>BPHC SERVICE PROVIDED for COMPLETED ELIGIBILITY PERIOD(s)</td>
<td>PROVIDER REVIEW COMPLIANCE</td>
<td>94%</td>
</tr>
<tr>
<td>DARMHA ID #</td>
<td>Date of Service IICP #1</td>
<td>Date of Service IICP #2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BPHC SERVICE PROVIDED for COMPLETED ELIGIBILITY PERIOD(s)</th>
<th>PROVIDER REVIEW COMPLIANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DARMHA ID #</td>
<td>Date of Review</td>
</tr>
</tbody>
</table>

FACE-to-FACE TREATMENT PLAN REVIEW with MEMBER (at least, every 90 days)

<table>
<thead>
<tr>
<th>PROVIDER REVIEW COMPLIANCE</th>
<th>96%</th>
</tr>
</thead>
<tbody>
<tr>
<td>DARMHA ID #</td>
<td>Date Reviewed</td>
</tr>
</tbody>
</table>

Compliance percentage for each standard
REMINDER:
BPHC QA REVIEW REQUIRED PROVIDER FOLLOW-UP

Based upon the overall percentage of compliance achieved for the review, your agency will:

• have no follow-up required,
• be required to submit an Area Specific Action Plan (ASAP),
• be required to submit a Corrective Action Plan (CAP),
• be required to attend a Technical Assistance training and submit a Corrective Action Plan (CAP), or
• be required to attend a Technical Assistance (TA) training at DMHA, submit a Corrective Action Plan (CAP), and receive an additional BPHC QA Review to assess implementation of your CAP.
### AREA SPECIFIC ACTION PLAN (ASAP) or CORRECTIVE ACTION PLAN (CAP)

**Review Percentage of Compliance Achieved**

<table>
<thead>
<tr>
<th>Agency:</th>
<th>Date of Review:</th>
<th>Review Period:</th>
<th>SET Lead Reviewer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFY18 BPHC QA Review</td>
<td>Provider Agency Follow-Up Required</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BPHC QA Review Chart Review Compliance Percentage**

| 95% |
| *Area-Specific Action Plan (corrective action only for standards with <95% compliance)* |

**Date of Review: Review Period: SET Lead Reviewer:**

- **95%**

#### APPLICATION PROCESS

**PERSON/PARTY RESPONSIBLE FOR IMPLEMENTATION**

**Non-Compliant BPHC Standard**

**Chart Review Percentage of Non-Compliance and Reason for Non-Compliance**

**Proposed Immediate Corrective Action to Bring into Compliance (including dates of implementation and completion)**

**On-going Monitoring Action to Ensure Compliance**

**Provider Staff Responsible for Implementing Corrective Action(s)**
BPHC REVIEW SUMMARY REPORT

IMPORTANT CHANGES

• No longer lists all compliant/non-compliant standards

• Includes a chart listing your agency’s compliance percentage achieved for each BPHC standard reviewed

• Will provide your agency’s overall BPHC QA Review Percentage of Compliance along with the BPHC QA Review Threshold Compliance Tiers

• All required follow-up action, if necessary
BPHC REVIEW SUMMARY REPORT with REQUIRED FOLLOW-UP ACTION(S) (cont.)

Information Provided on the Report

• QA Review percentage of compliance along with the threshold chart

ATTACHMENT A - BPHC Chart Review Compilation

SFY18 Overall Compliance

<table>
<thead>
<tr>
<th>REVIEW COMPLIANCE %</th>
<th>AGENCY REQUIRED ACTION</th>
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</thead>
<tbody>
<tr>
<td>95% - 100%</td>
<td>No further action required (all standards achieved ≥95%)</td>
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<td>85% - 94.9%</td>
<td>Corrective Action Plan</td>
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<tr>
<td></td>
<td>(corrective action for all standards with a non-compliant finding)</td>
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<td>75% - 84.9%</td>
<td>BPHC Technical Assistance (agency-specific training)</td>
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<td>QA Re-Visit (additional QA review during same fiscal year)</td>
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</tbody>
</table>
### BPHC REVIEW COMPLIANCE PERCENTAGE PER STANDARD

<table>
<thead>
<tr>
<th>BPHC APPLICATION PROCESS</th>
<th>SFY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant received face-to-face assessment for the ANSA associated with this IICP</td>
<td>94%</td>
</tr>
<tr>
<td>Staff completing ANSA assessment meets ANSA user qualifications</td>
<td>95%</td>
</tr>
<tr>
<td>Attached ANSA reviewed by SuperUser</td>
<td>94%</td>
</tr>
<tr>
<td>Applicant received face-to-face evaluation for BPHC application</td>
<td>94%</td>
</tr>
<tr>
<td>Staff completing BPHC evaluation meets qualifications specified in SPA and Rule</td>
<td>95%</td>
</tr>
<tr>
<td>Applicant's active participation in planning and development of IICP documented</td>
<td>95%</td>
</tr>
<tr>
<td>Applicant is requesting the service listed on the proposed IICP</td>
<td>95%</td>
</tr>
<tr>
<td>Applicant received a randomized list of eligible BPHC service provider agencies in his/her community, and has selected the provider(s) of his or her choice to deliver the BPHC service</td>
<td>95%</td>
</tr>
<tr>
<td>Applicant's choice of provider for services documented</td>
<td>95%</td>
</tr>
<tr>
<td>Program requirements, including financial requirements, have been reviewed with the applicant</td>
<td>95%</td>
</tr>
<tr>
<td>Applicant's HCBS Residential Setting Screening Tool (RSST) completed for address specified on the application and/or included in clinical record</td>
<td>94%</td>
</tr>
<tr>
<td>HCBS Member Information Pamphlet provided to applicant</td>
<td>94%</td>
</tr>
<tr>
<td>Provider agency has documented that complaints and grievances policy has been communicated to member, including CSL line info and the phone number for Indiana Disability Rights (formerly Indiana Protection and Advocacy)</td>
<td>94%</td>
</tr>
<tr>
<td>If utilized, has complaint and grievance process been implemented correctly?</td>
<td>95%</td>
</tr>
<tr>
<td>Applicant is age nineteen (19) or older, or within 90 days of 19th birthday, at time of application</td>
<td>95%</td>
</tr>
<tr>
<td>Applicant diagnosed with BPHC eligible primary mental health diagnosis at time of application</td>
<td>95%</td>
</tr>
<tr>
<td>Applicant resides in home or community-based setting or was pending discharge from institutional setting at time of application</td>
<td>95%</td>
</tr>
<tr>
<td>Applicant meets all of the needs-based criteria as defined in section 2(m) of IAC 405-5-21.8: (1) needs related to management of the applicant’s health; (2) impairment in self-management of the applicant’s health services; (3) a health need which requires assistance and support in coordinating health treatment</td>
<td>95%</td>
</tr>
</tbody>
</table>

#### ATTACHMENT C - BPHC SERVICE PROVISION and TREATMENT PLAN REVIEW

<table>
<thead>
<tr>
<th>BPHC SERVICE PROVISION and TREATMENT PLAN REVIEW</th>
<th>95%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff member delivering service was qualified at time of delivery</td>
<td>95%</td>
</tr>
<tr>
<td>Documentation supports BPHC service activity meets all service standards</td>
<td>94%</td>
</tr>
<tr>
<td>Documentation contains the required information for a BPHC service provided on behalf of a member, or when member is not present</td>
<td>95%</td>
</tr>
<tr>
<td>BPHC members received at least one (1) BPHC service per approved eligibility period</td>
<td>94%</td>
</tr>
<tr>
<td>BPHC members received a treatment plan update at least every 90 days</td>
<td>95%</td>
</tr>
</tbody>
</table>
BPHC REVIEW SUMMARY REPORT with REQUIRED FOLLOW-UP ACTION(S) (cont.)

• All required follow-up action, if necessary

Example

FOLLOW-UP REQUIRED
ATTACHMENT A:  BPHC APPLICATION PROCESS REVIEW
ATTACHMENT C:  BPHC SERVICE PROVISION and TREATMENT PLAN REVIEW

Your agency achieved an overall compliance of 95% compliance for this review period. However, there are 8 individual standards with a non-compliant findings <95%. Your agency is required to complete and submit a proposed corrective action for all areas listed on the attached Area Specific Action Plan (ASAP). Your agency’s proposed corrective action(s) must bring these areas into compliance with the Centers for Medicare & Medicaid Services’ Indiana State Plan Amendment (SPA) Attachment 3.1-I for 1915(i) Home and Community Based Services - Behavioral and Primary Healthcare Coordination (TN 13-013) Quality Improvement Strategy and Rule 405 IAC 5-21.8 for the Behavioral and Primary Healthcare Coordination (BPHC) program. The ASAP must be submitted electronically to bphcservice@fssa.in.gov no later than end of business on DATE.
BPHC QA REVIEW PROCESS

Questions