

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

**Indiana FSSA/DMHA
Adult 1915(i) State Evaluation Team
July 29, 2020**



Goals of Training

While the primary subject matter of this training is to serve as a refresher course on the provision of BPHC, the State Evaluation Team (SET) has a number of learning objectives including - but not limited to - the following:



HCBS Philosophy

- Understand the underlying philosophy of HCBS
- Identify HCBS Principles in BPHC
- Supporting our community's most vulnerable and preventing institutionalization

HCBS Setting Designation

- Understand setting characteristics
- Achieving HCBS Eligibility
- List both the Big and POCO Five

BPHC Service Provision

- Understand the purpose of BPHC care coordination
- What is and **is not** a reimbursable service under BPHC
- Reorient the perception of BPHC away from a Medicaid gateway



DMHA State Evaluation Team (SET)



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Purpose of BPHC

BPHC is a Home- and Community-Based (HCB) Services program designed to support those at risk of institutionalization in managing their primary healthcare and mental health needs. BPHC consists of a single service – Care Coordination – that **supports clients whose mental health needs impedes their ability to effectively and independently manage their physical health needs.** The aim is to allow clients living with serious mental illness(es) (SMI) to receive care in community-integrated settings to a similar level as those not receiving HCBS and to support the client in goal achievement to attain their maximal level of independence and community engagement.



HCB Programming and Settings



Compliance Versus System Change

Historically, the traditional model for intensive mental health care has often been isolative, exclusionary, and reliant on the inclusion of institutional qualities into care. More often than not, the result is the separation of people living with SMI from their communities at large either 1) “for the protection of the client” or 2) “for the protection of others.” This model of care can be marginalizing to those living with SMI and lead to their stigmatization.

HCB standards aim to **support a systemic and cultural shift that prioritizes community integration for our most vulnerable populations** and allows them to receive care in a way that acknowledges their unique needs while maintaining their ability to function and navigate as similarly as possible to their peers not living with SMI.



Compliance Versus System Change

HCBS standards are not in place to:

- Make anyone's job more difficult
- Increase administrative burden
- Create additional "red tape" to navigate
- Restrict ability to provide care

HCBS standards are in place to:

- Ensure vulnerable clients are able to access care in community-integrated or homelike environments
- Improve the quality of care received by those living with SMI
- Ensure the experiences, desires, and choices of clients is at the center of their care

HCBS Standards are federally mandated



HCBS Setting Designations

There are five setting types in which an individual receiving HCBS may reside:

- ✓ Private/Independent
- ✓ Provider Owned, Controlled, or Operated (POCO) Residential
- ✓ Non-POCO Residential
- ✓ Non-CMHC POCO Residential
- ✓ Potential Presumed Institutional (PPI)*

Substance Use Disorder (SUD) Treatment Homes*

There are five setting types which are considered to be institutional and may not be occupied by HCBS clients:

- × Nursing Home
- × Hospital
- × Institution for Mental Disease
- × ICF/IID
- × Jail/Correctional Facility



The Big Five

1) Is integrated in and supports full access of individuals to the greater community

- Provides opportunities to seek competitive employment in community-integrated settings, engage in community life, and control personal resources
- Ensures that individuals receive services in the community, to the same degree of access as individuals not receiving HCBS

2) Is selected by the individual from among setting options including non-disability specific settings and options for a private unit in a residential setting

- Person-centered service plans document the options based on the individual's needs, preferences, and for residential settings, resources available for room and board



The Big Five

- 3) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint
- 4) Optimizes individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact
- 5) Facilitates individual choice regarding services and supports, and who provides them



Community-Based Residential Settings

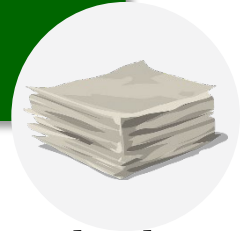
- Private/Independent – No financial relationship between provider agency and property owner
- POCO Residential – Owned, co-owned/operated, or operated by a provider of HCBS
- Non-POCO Residential – Owned, controlled, or operated by a service provider that does **not** provide HCBS
- Non-CMHC POCO Residential – Settings under the oversight of an HCBS provider that is **not** a CMHC; typically either the Division of Aging or the Division of Disability and Rehabilitative Services

Pursuant with HCB goals of ensuring clients access care in the least restrictive settings possible, as similar as possible to those not receiving HCB services, individuals living in POCO settings (and others in which HCB services are delivered) are guaranteed certain resident rights

The POCO Five

Unit or dwelling is a physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has at minimum, the same responsibilities and protections from eviction that tenants under the landlord/tenant law of the state, county, city or other designated entity. Written agreement will include protections, eviction process, and appeals under jurisdiction of law.

Lease agreement including eviction protections and outlining tenant rights



The POCO Five

Each individual has privacy in their sleeping or living unit:

Ability to choose roommate and request roommate changes

Individuals sharing units have a choice of roommates



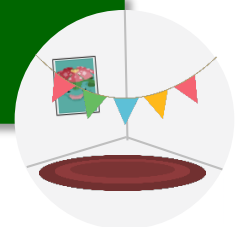
Lockable bedrooms and individual bathrooms

Units have entrance doors lockable by the individual with only appropriate staff having keys to the door



Freedom to furnish and decorate personal space

Individuals have the freedom to furnish and decorate their living or sleeping units within lease/agreement



The POCO Five

Individuals have the freedom and support to control their own schedules and activities, and to have access to food anytime.



Free and supported access to food of choice at any time

Freedom to control personal schedule and activities therein



Individuals are able to have visitors of their choosing any time.



Ability to have at-will visitors

The POCO Five

Setting is physically accessible to the individual.



Physically accessible

IMPORTANT NOTE

If an individual has specific medical, mental, or personal needs that are at odds with implementing these characteristics, then it is permissible to modify the member's IICP to outline and support these differing needs. Modifications are short-terms and guided by an 8-
Point CMS standard

Ex. A client is prone to seizures or fainting spells that can put them at risk if they are not able to be quickly, and readily reached by a caretaker; in this instance, it is permissible for the bathroom used by this client to not have a lock on the door so long as there are lockable alternatives for other residents in the setting

8-point Modification Approach

1. Identify a specific and individualized need.
2. Document the positive interventions and supports used prior to any modifications to the person-centered plan.
3. Document less intrusive methods of meeting the need that have been tried but did not work.
4. Include a clear description of the condition that is directly proportionate to the specific need addressed.
5. Include regular collection and review of data to measure the ongoing effectiveness of the modification.
6. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
7. Include the informed consent of the individual.
8. Include an assurance that interventions and supports will cause no harm to the individual.



Achieving HCBS Characteristics

Typical Non-POCOs

- Unlicensed ALF
- Adult Foster Home
- Room & Board Setting
- Some group living

It is possible for non-POCO settings to achieve HCBS eligibility. It is the responsibility of the partnering agency to ensure that the non-POCO setting properly and faithfully institutes and upholds HCBS standards in any settings housing clients receiving HCBS. **

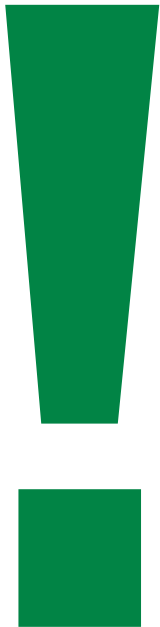
Substance Use Disorder (SUD) Treatment Homes*

Because of the nature and needs of the population served by SUD treatment homes and sober living environments, overcoming institutional characteristics and achieving HCBS eligibility is difficult, but possible.



Achieving HCBS Characteristics

Foundational Philosophy



- Settings are a person's **home**
- Staff are there to support our community's most vulnerable members
- Allowing and encouraging the connection and engagement of the resident to their larger community
- Services and supports should always be concerned with keeping the resident in their community



Potential Presumed Institutional (PPI) & Heightened Scrutiny Process

These are settings exhibiting one (or more) of the three institutional characteristics (Prongs) as determined by the Center for Medicaid Services (CMS)

- i. Prong 1: Adjacent to, or on the grounds of a public institution
- ii. Prong 2: Co-located (in the same building) as a nursing facility or other in-patient treatment facility
- iii. Prong 3: Settings that have the effect of isolating

The Heightened Scrutiny Process is fulfilled federally by CMS, starting July 1, 2020. CMS evaluates submitted packets to determine whether PPI settings are capable of overcoming institutional qualities



Institutional Settings

- × Nursing Home
- × Hospital
- × Institution for Mental Disease
- × ICF/IID
- × Jail/Correctional Facility

These settings have the effect of isolating the resident from their peers or their community at large and hinder the ability to achieve the goals set out by the Big Five. For this reason, members living long-term or permanently in these settings may not enroll in HCB services.

If HCBS members are temporarily housed in any of these facilities, they must have a discharge date of no more than 30 days after entering facility in order to continue accessing HCB services.



BPHC Application



Mental Health Diagnosis

The symptoms associated with the selected BPHC Eligible Primary Diagnosis provided in **list format**. It should consist of the symptoms experienced by the client that disrupt their ability to independently manage their healthcare needs. Do not list additional diagnoses or any information that does not directly pertain to the symptomology of the Primary Diagnosis

- Insomnia
- Isolative behavior
- Avolition
- Anhedonia

Insomnia, Isolative behavior, Avolition, Anhedonia

1. Insomnia
2. Isolative behavior
3. Avolition
4. Anhedonia

The client endorses the following symptoms of Major Depressive Disorder: Insomnia, Isolative behavior, Avolition, Anhedonia



Physical Health Issues

Provide physical health issues experienced by the client. They do not have to be formally diagnosed by a healthcare professional, but should be currently impactful. Historical injuries that result in present-day complications are eligible. A physical health issue or injury from which the client is fully recovered and does not currently experience complications is not.



Services Provided

(Renewal Applications Only)

Effective June 1st, 2019, one BPHC reimbursable service activity must be provided every 90 days during each package period. Renewal applications submitted after this date should include two services dates over the active eligibility package **or** provide adequate rationale for lack of engagement and a plan for increasing engagement. One of the minimum two services rendered during the package period can be preparation of renewal application.

Changes being made to the BPHC State Plan Amendment (SPA), following approval, will increase this requirement to three services furnished per 180-day package.



Justification of Need for Program

This narrative should provide the SET with insight into the impediment to the client's ability to **effectively and independently** manage their physical healthcare caused by the experienced symptoms of the client's BPHC Eligible Primary Diagnosis. A proper justification will consist of three *general* parts: 1) **description of the symptoms impacting the client**, 2) **the maladaptive behavior caused by the symptoms**, and 3) **how that behavior impedes their ability to independently manage their healthcare needs**.

Pat's **social anxiety** causes them **to isolate at home** which leads to them **frequently cancelling vital appointments for their diabetes management**.

Types of Justifications

- | | |
|--|--|
| <ul style="list-style-type: none">✓ Risk to client should program access be lost✓ Ineffective communication with PCP✓ Lack of insight into physical health needs✓ Frequent ER usage | <ul style="list-style-type: none">✗ Poverty or other financial factors✗ Gain access to Medicaid✗ Provide therapy, life skills training, etc. |
|--|--|



Goals

The goal(s) listed in the IICP should describe a behavior modification, achievement, health improvement, etc. that the member would like to work towards or accomplish over the course of the eligibility period.

- ✓ Should be in client's own words and reflect **personal** desires
 - ✓ Additional explanation to clarify goal is acceptable
- ✓ Ideally goal should be **measurable** to support tracking goal progress
- ✓ Should link back to client's identified physical and/or mental health needs
- ✓ Supports client reaching maximal independence



Objectives

Describe the steps necessary for *the client* to take in order to achieve their previously listed goal(s)

- ✓ Should build upon the client's strengths, preferences, and any existing natural supports
- ✓ Not passive in nature – “Client will do” **NOT** “Client will allow”
- ✓ Clearly linked to the goal(s) listed in IICP
- ✓ Personalized to the client



Strategies

Describe **only** how BPHC care coordination will be utilized over the package period to support the client in achieving their identified goals and achieve their highest possible level of independence in healthcare management. Strategies should support the achievement of the goals and objectives described in the IICP and be informed by the physical and mental health needs of the client

It is no longer required to list how MRO services (or any other non-BPHC service(s)) will be used to support the client

Strategies :

Describe how the BPHC service(s) will assist the applicant in meeting the identified goal(s) listed above.

BPHC service will assist client in following through with medical care weekly.

BPHC service will assist client in finding and connecting with specialists to address his physical and mental health concerns.

BPHC service will assist client in developing ways to implement and track recommended medical regimens and CM will review this regime weekly with Client.

BPHC service will assist client in learning about and connecting with community resources.



Billable Service Activities



BPHC Service Activities

BPHC is a single service – care coordination – comprised of multiple reimbursable service activities such as the following:

Coordination of Healthcare Services

- Direct assistance in gaining access to services
- Coordination of care within and across systems
- Oversight of the entire case
- Linkage to services

Coordination Across Systems

- Facilitating linkage and communication between medical providers
- Serving as a communication conduit
- Notification of changes in medication regimens and health status

Assistance Using Healthcare

- Logistical support
- Advocacy
- Education on navigation of the healthcare system
- Referral and linkage to medical providers
- Coaching for more effective communication with providers



BPHC Service Requirements

- Must be proposed in the SET-evaluated and -approved IICP and supported by the client's Level of Need
- Supported by clinical documentation as a necessary service to support client's needs
- Promotes stability, increased independence, and/or healthcare goal obtainment
- Provided by a BPHC-trained staff person in an HCBS-eligible, community-integrated setting
- Be a service that is within the scope and/or limitations of the BPHC program



BPHC Services on Behalf of Client

It is acceptable to provide BPHC service activities on behalf of the client without the client present, so long as the service benefits the client in the management/coordination of their physical and/or mental health needs as described in the IICP

This does not include activities such as the following:

- Scanning documents into the agency EMR
- Any services falling outside of the scope of the BPHC program



Non-Billable Service Activities



Non-Covered BPHC Services

The following services are not billable under BPHC:

- Provision of medical services or treatments including, but not limited to, weight checks, blood pressure screenings, and blood sugar checks
- Individual, group, or family therapy services
- A service not described or supported by the client's IICP
- A service provided simultaneously with another service of the same scope and nature
- Leisure/recreational activities
- Life skills, medication, ADL training



Documentation Requirements



Service Documentation Requirements

Documentation must:

- Reflect progress towards the goal(s) from the member's IICP
- Have a date of service within the eligibility period
- Duration of service
 - Should support service provided
- Be written and signed by the agency staff rendering services
- Support coordination or management of identified health needs and services
- Identify member strengths utilized
- Incorporate natural supports (where available)
- Describe the service's benefit to the client



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
- Benefit to the member
- How the service assisted the member in reaching the IICP goal(s)



Housekeeping



Improvements in Critical Incidence Reporting

	SFY19	SFY20	Percentage Change
Reported Timely	117	189	38%
Overall Reported	167	220	24%
Timely Reporting Percentage	70%	86%	18%

Significant increases in overall and timely reporting

Thank you for all the work that you have been doing to assist us in making sure that we are able to meet and exceed our standards for incident reporting to protect our most vulnerable community members!



Impact of EVV on HCB services and BPHC

What is EVV?

Electronic Visit Verification mandates providers of state Medicaid personal care services to use an approved system to document services rendered.

Will BPHC Require EVV?

Nope.



COVID-related Auto-Renewals

You may have recently seen processed application that looks something like this in DARMHA for a member for whom a renewal application was not completed:

Updated By: DMHA Administrator On :
Date Range:

IICP No.
HP Processed Renewal (E)

What is it?

During the COVID-19 situation, CMS is providing auto-renewals for Medicaid programs to ensure clients do not have a lapse in coverage. In DARMHA, these applications will be denoted with an **(E)**. These are created for clients whose package dates are due to expire and do not have a renewal application in DARMHA and extend their package for 180 days.

Nothing! Your client's BPHC eligibility is all set. Just be sure to submit a renewal application at the end of this package.

What do I need to do?

Do we still need to have the associated documentation on file for auditing?

It is recommended that the typical documentation and ANSA are still completed in order to maintain any other services that are contingent on an up-to-date ANSA being on file and to fulfill the policy requirement that there is a review of the BPHC IICP every 180 days. Make a note of the auto-renewal in the documentation, and the SET will know that any date discrepancies are due to the auto-renewal.

Prior Authorization

Prior Authorization will become available for the BPHC program. At this time, this mechanism as it relates to BPHC is still under development and details are actively evolving.

As these details become more established, DMHA and the SET will publish information to providers. Keep your eyes peeled for more in the future!



Document Deadlines

Due to COVID-19, efficient communication is vital to allowing us all to complete our job tasks including audits and HCBS-related matters. While the majority of communication has been timely and collaborative, the SET has unfortunately seen a number of deadlines pass without receipt of the requested necessary documentation.

Per request of the State Legal Team, we are now tracking when these deadlines are not met and will relay these missed deadlines to OMPP. These reports may result in a Technical Assistance or be incorporated into a CAP, if deemed necessary.

The SET understands that extenuating circumstances can make adhering to certain deadlines difficult. Our first priority is open collaboration; if circumstances arise that will make adhering to a given deadline difficult **communicate this as soon as possible prior to the deadline** so that the SET can make note of these circumstances and work with your agency to get documentation submitted on a timeline that works for everyone's needs.



☺ Friendly Reminders ☺

- Needs are not services
- Symptoms in the justification need to appear in the symptom list; ensure a Golden Thread in application
- Pending changes to the SPA, utilization requirements will be raised from one service per 180-day package to three services per package; the SET will continue to monitor and note non-utilization. Habitual non-utilization may result in denial of BPHC service.
- Medicaid is a ***benefit*** of BPHC ***not the purpose***
- Please ensure you are correctly indicating setting type on applications; if you are unsure of the nature of the setting, please email Elaine Trepanier or the HCBS Inbox



Contact Name/Title	Contact Information	Contact For?
Garnet Holsapple <i>1915(i) Program Specialist and Critical Incident Reporting Coordinator</i>	<u>Email:</u> Garnet.Holsapple@fssa.IN.gov	<ul style="list-style-type: none"> • Matters concerning Critical Incident Reporting • If you belong to the following agencies: <ul style="list-style-type: none"> • Centerstone • Regional • Swanson • Meridian • Northeastern • Southwestern
Amanda Huff <i>1915(i) Program Specialist</i>	<u>Email:</u> Amanda.Huff@fssa.IN.gov	<ul style="list-style-type: none"> • If you belong to the following agencies: <ul style="list-style-type: none"> • LifeSpring • Gallahue • Adult and Child • Park Center • Grant-Blackford • Hamilton
Alexis Pless <i>1915(i) Program Specialist</i>	<u>Email:</u> Alexis.Pless@fssa.IN.gov	<ul style="list-style-type: none"> • If you belong to the following agencies <ul style="list-style-type: none"> • Oaklawn • Edgewater • Sandra Eskenazi • CMHC • Valley Oaks • Community Howard
Elaine Trepanier <i>1915(i) Program Specialist and HCBS Lead</i>	<u>Email:</u> Elaine.Trepanier@fssa.IN.gov	<ul style="list-style-type: none"> • Matters concerning HCBS settings and compliance • If you belong to the following agencies <ul style="list-style-type: none"> • Aspire • Bowen Center • Four County • Samaritan • Cummins • Porter-Starke
BPHC Inbox	<u>Email:</u> BPHCServices-fssa@state.in.us	<ul style="list-style-type: none"> • General questions regarding the BPHC program
HCBS Inbox	<u>Email:</u> DMHAAAdultHCBS-fssa@state.in.us	<ul style="list-style-type: none"> • General questions regarding HCBS program

Questions?

FAQs

Are renewal applications being denied?

Until the COVID crisis is under control, any actions that would result in lapses of Medicaid services are temporarily suspended.

What are the utilization requirements for BPHC?

Currently, at least one service must be furnished per 180-day package. Pending approval of SPA changes, this requirement will be updated to three service dates per 180-day package.

Why are utilization requirements being upped?

BPHC is growing past its implementation days and is moving into an era in which fidelity to federal requirements is the central concern. BPHC can and should be a strong pillar of a person's care plan and increased utilization helps to ensure it is properly incorporated as a supportive service.

Are ANSAs a billable BPHC service?

No.

What does telehealth documentation need to include?

It needs to include a note that speaks to COVID-related precautions.

Why am I being pended for symptoms?

Either the symptoms listed to not align with the selected Primary Diagnosis or the Justification narrative includes symptoms that were not listed in symptoms section.