

**Behavioral Health Rehabilitative Services (BHRS)  
Partner's in Quality Workgroup  
02/14/11 Minutes  
LC Government Center Room 201  
From 1:00 pm to 2:30 pm**

**Participants:** Corinna Bealer, LC Children's Mental Health; Tim Boyer, LC MH/MR/EI/D&A; Lynn Hammer, Magellan; Rebecca Procopio, Magellan; Ellen Hunt, Elwyn & parent; Natalie Bojko, VYH; Kay Achenbach, Health Choices; Allison Frantz, Health Choices; Paulette Hunter, parent; Lisa Sportelli, parent; Jan Creedon, DHS Administrator; Gloria Hamm, LC Commissioner & Kristen Marshall, Access

**I. BHRS TRAININGS:** *(The goal is to develop a comprehensive/quality assurance training curriculum for BHRS staff/providers that are servicing children with Autism)*

➤ **Discussion:**

- Ellen Hunt from Elwyn stated that there was training at the Community Services for Children on PECS. This was a two day, all day training, which was held on 02/03/11 and 02/04/11. Because of the large audience and length of time of the training, the training needed to be held outside of Elwyn; therefore care giving for children was not available.
- Ellen Hunt stated that there will be training on Friday 03/11/11 regarding Nutrition at the Community Services for Children; again care giving will not be available due to having to accommodate a large audience and the length of the training.
- Tim Boyer updated the team that proposals and requests for training money from the Developmental Disabilities Council (DDC) was from 2006-2011; therefore he will continue to explore information to see if additional funding will be available this fiscal year.
- Corinna Bealer provided the team an updated status on the Devereux Care's training. Dr. Todd Harris is willing to consult with the BHRS providers regarding developing curriculum and trainings on Autism if the providers are interested.

➤ **Outstanding Tasks:**

- Tim Boyer will provide the team an updated status regarding funding from the DDC for trainings.
- Tim Boyer will provide an update on the feedback from BHRS providers regarding meeting with Dr. Todd Harris to develop a standard training curriculum for children with Autism.

**II. MAGELLAN BHRS PILOT PROGRAM UPDATE:** *(The goal is to develop innovative approaches to deliver services, develop outcome measurements, make recommendations for best practices, and increase family involvement and participation in services through support groups and intensive parent education)*

➤ **Discussion:**

- Allison Frantz provided the attached handout and information regarding the three providers selected for the pilot program. The Medical Director at MBH, who is a Board Certified Child and Adolescent Psychiatrist, is spear heading this pilot, and as such the clinic issues, best practice guidelines and standards are being addressed. She stated that providers in this pilot are hiring more full time staff; reflecting best practices on treatment plans and having psychologists attend the member's interagency meetings.
- Allison Frantz informed the group that Magellan does have an on-going work group that consists of Health Choices families and youths that address the needs and development of the pilot which is currently in the implementation stage.
- Allison Frantz stated that although this initiative was not driven by this work group she feels it is pertinent to share information and outcomes on the pilot; therefore this will remain on up-coming agendas.
- Allison Frantz stated that one of the visions of this work group is to have the Paid for Performance concept be utilized in the BHRS arena. LC routinely authorizes Magellan to provide rate increases to providers in the network for all levels of care. It can not be mandated how a provider rate increase is spent by the provider.
- Paulette Hunter requested that it went noted in the minutes that she does not feel the needs and concerns from the work group were addressed in this initiative, i.e. TSS working evening and week-end hours, targeting difficult or profound cases...
- Natalie Bojko commented that as a provider in this initiative that they needed to meet the standards from the state, have a control vs. pilot population, as well as identifying members that can engage in Cognitive Behavioral Therapy.

➤ **Outstanding Tasks:**

- Allison Frantz will provide an update as applicable on the pilot program.

**III. COMPLETION REPORT:** *(The goal of this report is to look at what prescribed hours are being delivered to families and consumers receiving BHRS so delivery issues and barriers could be addressed)*

➤ **Discussion:**

- Lynn Hammer from Magellan gave a presentation on the report on how the data is gathered. She stated that the report is based on PA DPW regulations. The report reflects hours that are authorized, the number of members receiving services, hours that are paid based on claims submitted, the number of members that services were paid; although there may be outstanding claims, the percentage of hours that were completed, and the total number of members that were not served broken down into a percentage.
- Lynn Hammer reported that this report is not intended to show why services were not 100% delivered and that in her experience frequently providers do not submit discharge summaries and ACT 62 will have an impact on the report.
- Lynn Hammer reported that if a member is discharged from services within this report period, the report will go back to the date services began on the member and roll over all information into the current report.
- Lynn Hammer reported that the state does not have standards or expectations on the completion percentage; however we should be striving for 100%.

- Allison Frantz stated that Magellan, at the request of the county, conducted a Quality Improvement Activity (QIA) two years ago regarding covering a number of aspects in the BHRS level of care.
- The Kirk T report is no longer a state requirement. That report listed reasons why services were delivered. The results were a 50/50 split in reasons pertaining to family and providers.

➤ **Outstanding Tasks:**

- The team will have discussion on whether or not a selected number of providers with the lowest completion percentage could be looked at or piloted to see why services are not being delivered.

**IV. *MAGELLAN PROVIDER ACCESS REPORT:*** *(The goal of this report is to capture consumer access issues to BHRS services, look at trends and barriers to accessing services and assist consumers in navigating the network and securing services in a timely fashion)*

➤ **Discussion:**

- Corinna Bealer will email BHRS providers to find out which providers are currently using the Kirk T. form to track reason codes as to why services are not being delivered.
- Corinna Bealer will email all BHRS providers to let them know that the county Children's Mental Health Unit (CMHU) will assist Health Choices consumers in securing services if they are not able to do so according the Magellan protocol or practice.

➤ **Outstanding Tasks:**

- Allison Frantz will provide an overview of the protocol or practice currently in place with BHRS providers who receive calls from consumers needing services but who are referred else where due to capacity issues.
- Tim Boyer will provide feedback from the BHRS providers on who is currently using the Kirk T. form to track reason codes for services not being delivered.
- Tim Boyer will provide the number of Health Choices members that the CMHU are currently assisting in securing mental health services.
- The team will have discussion on the Frequently Asked Questions.

**Our next scheduled meeting is Monday 04/11/11 at 1:00 pm in conference room 201 at the LC Government Center. Please note that Tim Boyer will be facilitating the meeting.**