**Behavioral Health Organization Contact Information**

|  |  |
| --- | --- |
| **BH Organization Applicant** | |
| Organization Name- |  |
| Mailing Address- |  |
| Main Office Physical Address (if different from above)- |  |
| Phone Number- |  |
| Website- |  |
| **Contacts** | |
| Business Contact Name- |  |
| Title- |  |
| Phone Number- |  |
| Email- |  |
| HIT Technical Contact- |  |
| Title- |  |
| Phone Number- |  |
| Email- |  |

**Section A: Behavioral Health Licensing and MaineCare Status**

|  |  |  |  |
| --- | --- | --- | --- |
| **Services Provided** | | **Response** | |
| **Item** | **Question** | **Yes** | **No** |
| A1 | Do you meet the Licensing Standards for the Department of Mental Health & Mental Retardation through the State of Maine’s Department of Health Human Services Division of Licensing and Regulatory Services? citation |  |  |
| A2 | Do you meet the Regulations for Licensing and Certifying of Substance Abuse Treatment Program through the Maine Department of Health and Human Service’s Division of Licensing and Regulatory Services?  citation |  |  |
| A3 | Do you treat MaineCare members with Serious and Persistent Mental Illness (SPMI) with an Axis I or Axis II mental health diagnosis as described in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), or a diagnosis described in the most recent version of the Diagnostic Classification of Mental Health and Developmental Disabilities of Infancy and Early Childhood? |  |  |
| A4 | Do you provide psychiatric medication management services or have a memorandum of agreement with a psychiatric provider that ensures access to psychiatric consultation for MaineCare members? |  |  |
| A5 | Do you provide expertise in co-occurring disorders as defined in current DHHS contract standards? |  |  |
| **Provider Resources** | | | |
| **Item** | **Question** | **Response** | |
| A6 | Please give us numbers of employees with the following Maine State Licensure:   * Psychiatrists (MDs, DOs) * Licensed Nurse Practitioners (PMHNP, FNP) * Nurse Practitioners (PMHNP, FNP) * Psychologists (PhD, PsyD) * Advanced practice registered nurses (APRN) * Psychology Examiners * Clinical Professional Counselors (LCPC) * Clinical Social Worker (LCSW) * Marriage and Family Therapist (LMFT) * Other Licensed professional we have missed |  | |

**This completes Section A: Behavioral Health Licensing and MaineCare Status Form**

**Section B: Core Business Description and Questionnaire**

|  |  |  |
| --- | --- | --- |
| **Organization Background Information** | | |
| **Item** | **Question** | **Response** |
| B1 | Please provide an overview statement indicating your organization’s interest in the project. |  |
| B2 | Please summarize your practice/organization’s core business and ancillary operations:  (i.e., Mental Health Agency, Substance Abuse Treatment Agency, Multi-service Behavioral Health Agency, Intellectual Disabilities Agency, Case Management, Community Integration, Individual or Small Group Mental Health Provider, etc.) |  |
| B3 | What Maine populations do you serve? ( Children & Youth, Adult, Homeless, HIV/AIDs, Dually Diagnosed MH/SA, Military Veterans & Families) |  |
| B4 | Summarize the Quality Measurement programs you participate in today, and your plans to participate in Quality Measurement programs |  |
| B5 | Has your company undergone any major changes over the past five years? If, yes, please describe. |  |
| B6 | What kinds of change in ownership (mergers and acquisitions) are on the horizon and/or have been announced? |  |
| B7 | What are your service/facility locations? |  |
| B8 | Do you use sub-contractors and/or partners EHR/technology? If yes, please describe. |  |
| B9 | Please list the organizations that you coordinate care with. (List top 5, not all). |  |
| **Participation in Current and Past Related Projects** | | |
| **Item** | **Question** | **Response** |
| B10 | Have you applied to the, or are you under contract, to become a MaineCare Behavioral Health Home? And/or been awarded to become a MaineCare Behavioral Health Home? (Citation) |  |
| B11 | Are you currently or planning to participate in an Accountable Care Organization (ACO)? (Citation)  If yes, please provide information on the name, type (Medicare/Private), and partners of the ACO and when you joined. |  |

|  |  |  |
| --- | --- | --- |
| **Participation in Current and Past Related Projects** | | |
| **Item** | **Question** | **Response** |
| B12 | Are you currently under contract or formal arrangement to provide “integrated care” with a Patient-Centered Medical Home (PCMH) or primary care setting? (Citation) |  |
| B13 | Did you previously participate in the 2012 SAMHSA Center for Integrated Health Solutions HIE work with HealthInfoNet? |  |
| B14 | Did you previously participate in the Eastern Maine Health System Maine Beacon Community program? If yes, how? |  |
| B15 | Are your MDs, DOs, and NPs enrolled in the CMS Meaningful Use EHR Incentive Program for Meaningful Use?  If yes, have any of your providers met Meaningful Use? |  |
| **Patient Demographics and Geography** | | |
| **Item** | **Question** | **Response** |
| B16 | How many clients/patients do you serve annually (billable care)? |  |
| B17 | What is the patient insurance type by percentage?   1. Medicare 2. Medicaid/MaineCare 3. Commercial 4. Uninsured 5. Self-pay 6. Other |  |
| B18 | What is the average panel size per billing provider/clinician? (as defined in your organization) |  |
| B19 | Please name the primary service counties in Maine where your patients/clients live. |  |

**This completes Section B: Core Business Description and Questionnaire**

**Section C: Electronic Health Records (EHR) and Health Information Technology (HIT) Questionnaire and Technical Requirements Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **EHR- Current State** | | | |
| **Item** | | **Question** | **Response** |
| C1 | | If you CURRENTLY USE an EHR in your organization, please provide us with your EMR vendor, product name, and version, and date your system was implemented (including upgrades). |  |
| C2 | | If you do not currently have a live EHR system, do you plan to implement and go-live within 6 months from the date of this application?  If yes, please provide the date you plan to go-live? (explanation required in C13) |  |
| C3 | | Do you currently have a contract with HIN to access the HIE?  If yes, are you sending data to the HIE? How many user accounts are activated? |  |
| C4 | | Do you use your EHR for Administration (scheduling, billing)/Practice Management?   1. Yes 2. No |  |
| C5 | |          Do you use your EHR for Clinical EHR Functions, including Intake, Clinical Care, Task Management, and Case Management?  a) a) Yes  b) b) No |  |
| C6 | | If “no” to C5, do you use an Administrative/Practice Management System as your clinical tool?   1. Provide name of Vendor and Version. 2. Does this system interface in any way with your EHR? |  |
| C7 | | How many current active EHR users do you have?   1. Billing clinician/provider 2. Care/case management staff 3. Administrative support staff 4. Other |  |
| **EHR Security** | | | |
| **Item** | **Question** | | **Response** |
| C8 | **Security Features**  Do you currently have the following features that enable appropriate degrees of protection for high-risk data?  Role-based security that restricts access to predefined categories of patients, encounters, and documents based on the access a user needs to perform his or her job | |  |
| **EHR Security** | | | |
| **Item** | **Question** | | **Response** |
| C8 | **Security Features, cont.**   * Ability to assign an alias to a patient or encounter to mask patient identity * Ability to block access to a specific progress note or lab result * Ability to track versioning or mask sensitive entries for release of information | |  |
| C9 | **Transmission**   * Are all transmissions encrypted? * Are all transmissions tracked, and is an audit trail available? * Can transmissions be blocked? | |  |
| C10 | **IT Support**   * Can sensitive information be blocked from support staff’s view and access? * Can troubleshooting be achieved through the use of test data rather than live records? * Are audit trails of routine maintenance available? | |  |
| C11 | **Release of Information**   * Are features available to block printing and downloading of sensitive information? * Can different levels of access be given to control the above? * Are audit trails in place for these actions? | |  |
| **EHR Implementation** | | | |
| **Item** | **Question** | | **Response** |
|  |  | |  |
| C12 | Describe the organization’s commitment (investment in FTE’s, programs, budget, plans, etc.) to health information technology including but not limited to:   1. EHR interoperability with community partners 2. EHR interoperability with HIN’s Health Information Exchange (HIE) 3. Quality e-Measurement for the purposes of improving the lives of the population you serve | |  |
| **EHR Implementation** | | | |
| **Item** | **Question** | | **Response** |
| C13 | If your organization CURRENTLY USES an EHR, please summarize/indicate which of the following clinical functions you are using:   * 1. Clinical Documentation (e.g., assessment/reviews/care or treatment plans/progress notes/discharge summary)   2. Clinical Decision Support   3. Diagnosis Tracking   4. Remote Access   5. Medical Documentation (e.g., physician orders/labs/history & physical/medication list/allergies)   6. Medication administration logs   7. Transcription Interface   8. Sharing medical information with other providers (Health Information Exchange (HIE))   9. Covering for other provider’s patients/clients (on-call etc.)   10. Accessing information quickly from other service providers within your organization | |  |
| C14 | If you don’t have an EHR but plan to shortly implement an EHR, please detail your plans for clinical and administrative roll-out of the EHR System, including any project plan and timelines that you have developed. You may submit these as attachments. | |  |
| C15 | If you have already implemented an EHR, please list the workflows when you use the EHR, such as:  Client Check-in   1. Client Referral 2. Client Check-In 3. Intake Visit 4. Office Visit 5. e-Prescribing 6. Client Check-Out | |  |
| **Patient and Staff EHR & HIE Education Communication** | | | |
| **Item** | **Question** | | **Response** |
| C16 | * Please briefly describe any EHR training resources for staff regarding implementation and optimization of your EHR. * If you do not have an EHR, please describe the training you plan to give your staff regarding the implementation and optimization of your EHR. | |  |
| C17 | If you have a “view only” or other connection to HealthInfoNet, please describe the training process provided to your staff regarding implementation and optimization of your HIE, HealthInfoNet. | |  |
| C18 | In addition to the roll out and/or current process for HIE participation, please describe your thoughts as to how you will support the education and engagement of patients to submit mental health data to the HIE including not limiting to:   1. HIT/EHR education 2. Patient HIE record “Opt-in” 3. Patient engagement workflow for “Opt-in” | |  |

**This completes Section C: Electronic Health Records (EHR) and Health Information Technology (HIT) Questionnaire and Technical Requirements Form.**

**Section D: EHR System Functional Requirements**

| **EHR System Functional Requirements** | | **Yes** | **Yes, Add’l** | **No** | **Comments and Clarifications** |
| --- | --- | --- | --- | --- | --- |
| D1 | Do you currently have, or plan to purchase, a 2011 or 2014 ONC-Certified EHR? |  |  |  |  |
| D2 | Is the system is able to export data regarding encounters, diagnosis codes, procedure codes, allergies, active problems, discharge summary document (CCD), and medications by producing the following HL7 Messages:   * ADT A04 (Enrollment) * ADT A03 (Discharge) * ADT A08 (Allergy Update) * ADT A40 (Patient Merge) * PPR (Active Problems) * RDS (Medications) |  |  |  |  |
| D3 | Can the system configure the following “trigger events” that will automatically send data to HIN:   * ADT A04 (Enrollment) will be triggered by a new Client Registration. * ADT A03 (Discharge) will be triggered by closing the Client Registration * ADT A08 (Diagnosis Update) will be triggered by a change to the Client Packet DX. A change will include both new and updated records. * ADT A08 ((Allergy Update) will be triggered by a change to the Client Allergy list. A change will include both new and updated records. |  |  |  |  |
| D4 | Can the system send DSM IV or DSM-5 diagnosis codes by default?  What other interoperability capabilities does your EHR Version have, such as Direct Messaging? Direct, CCD, CCR, CDA, etc… |  |  |  |  |
| D5 | Does your EHR version have the following interoperability standards:   * Direct Messaging capabilities * Functionality to create and export a CCD, CCR or CDA * Point-to Point Interface capability |  |  |  |  |

**This completes Section D: The EHR System Functional Requirements Checklist.**