

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
Office of MaineCare Services - Value-Based Purchasing  
11 State House Station  
Augusta, Maine 04333-0011  
Toll Free: (866) 796-2463; TTY: Dial 711 (Maine Relay)  
Fax: (207) 287-3373

## HH/BHH Working Group-Portland

### Meeting Minutes

Date of meeting 12/11/2019

Facilitated by: Liz Center and Mary Guzik of Maine Behavioral Healthcare

Next meeting: July 2020, TBD due to COVID-19

### **Coordination of Care** (discussion of how care coordination is being achieved)

- Organizations/practices agree that coordination is much easier, and the referral flow is better because of embedded BHH clinicians.
- Sweetser stated they have a shared spreadsheet where they track emergency room visits. All care coordinators have access to this so the information can not only be utilized but information can be added by any of them when notifications come in from HealthInfoNet.

### **Referrals and Waitlists** (barriers/concerns)

- Many feel that waitlists are mainly due to staffing vacancies.
- Most refer to a different agency in the area if they currently have a waitlist.
- Many agencies/providers agreed there is a huge issue with Section 28 services. Sweetser states the current waitlist time for Section 28 is six months to a year. Some children are currently over 400 days wait time for these services.
- Maine Medical Partners (MMP) stated they will provide some care coordination and scan for gaps in care but not technically add the member to a case load to be sure they are getting services they need when waiting for Section 28 services, to avoid the child being taken off the waitlist
- Some expressed concern that referrals to BHH are coming in simply because they don't "fit" or qualify elsewhere, but don't necessarily fit in the BHH program either.
  - Members who are misdiagnosed, coming out of incarceration, homeless, battling SUD, who are suicidal or self-harm need a higher level of care but still do not qualify for ACT services. These members seem to get held at the BHH level because of this, and the skill set within the BHH team is not high enough for these members.

- Many agreed that access to lower level services, such as Daily Living Supports (DLS) needs to be easier, so that issues can be caught and dealt with earlier to avoid escalation, i.e.: emergency room visits, the loss of housing etc. Suggestion that more diagnosis should qualify for DLS to accomplish this.

### **HH/BHH Quality Measures**

- The group was split concerning the idea of possibly lowering the threshold for certain measures and getting rid of rebuttals.
  - Some (BHH) are uneasy with the idea of getting rid of rebuttals because of situations that are out of their control when it is tied to payment.
  - Others felt that lowering the threshold for the Pay-for-Performance measure does not align with the Alternative Payment Model (APM) theory that the State seems to be trying to move towards. Stated that APM is based on quality measures and performance; that is the goal and lowering the threshold for performance would not be moving us (Maine) towards a higher percentage of APM's, versus fee-for-service.
- Some voiced that they would like more time for rebuttals. Suggestion of 30 days as opposed to 14 days.

### **Upcoming**

- It was decided as a group that the HH/BHH Working Group for the Portland area should be bi-yearly.
- Next meeting will be held in June 2020
  - Next meeting is now TBD in July due to COVID-19.
- MaineHealth offered to reserve a meeting space again, if needed.

### **Action Items**

- None