SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

Separating Fact From Fiction: Understanding PBHCI Grant Requirements

SAMHSA HRSA Health Resources & Services Administration

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Questions?

Please type your questions into the question box and we will address them.

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Agenda

- Client/consumer-level data collection requirements
- Grant reporting requirements
- Training and technical assistance (TTA) provided by CIHS

Poll Question #1 – Enrollment Eligibility

True or False? To be eligible for PBHCI, a consumer must be diagnosed with one or more chronic physical health conditions.

PBHCI Enrollment

- Adults with SMI and/or co-occurring substance abuse who have or are at-risk of chronic disease
- Serve as client's health home (onsite primary care, care coordination, transitional care, etc.)
- Collect client-DCI interview & health indicators

PBHCI Enrollment

- Consumers do not need to agree to attend wellness activities before enrollment
- Consumers should be encouraged to enroll, despite perceptions of future non-compliance
- A consumer can have private insurance and still obtain services

Client-level Data Collection Instrument (DCI/Legacy Tool)

- Any staff member can administer client-DCI
- There are questions for the consumer to answer
- There are questions for the clinician to answer
- Does not need to be completed before seeing a healthcare provider

Health Data (aka Section H aka H Indicators)

Mechanical Indicators
Blood pressure
BMI
Waist circumference
Breath CO
Height
Weight

Blood Work
Fasting blood glucose or HgbA1c
HDL, LDL, Triglycerides

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Data Collection Requirements – Section H

Month	Intake 1	3	6	9	12*	Discharge
MI-EHR	●	●	●	●	●	●
MI-CDP	●		●		●	●
BW	●				●	●
Client DCI	●		●		●	●

MI-EHR: Mechanical Indicators; store in electronic health record
MI-CDP: Mechanical Indicators; **enter in CDP (when available)**
BW: Blood work; store in electronic health record, **enter in CDP (when available)**
Client DCI: Client DCI interview, **enter into CDP (when available)**

*Continue same pattern until discharge

Health Data Collection Windows

- Mechanical indicators can be collected 30 days before or after enrollment & reassessment dates
- Blood work can be collected +/- 60 days
  - If you cannot collect at baseline, you can start the 12-month cycle at the first reassessment

Reassessment

- Reassessment clock starts when first client-DCI is completed
- Reassessments occur every 180 days (with a 30 +/- window)
- A completed client-DCI counts as a valid reassessment
- Plan for reassessments at the start of the reassessment window

Discharge From PBHCI

- Discharge from PBHCI =/= discharge from your organization
- Most organizations initiate discharge if the person has not been seen for 90 days
- Obtaining a final client-DCI interview at discharge is preferred

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EHR Care Coordination Requirements

- Providers are required to exchange a 'standard continuity of care record'
- In an MOU with your primary care provider, you must address the following:
  - Care coordination protocols
  - Sharing client-level data across both EHRs

Questions?

Grant Reporting Requirements

- Quarterly Report
- Annual Infrastructure Development, Prevention & Mental Health Promotion (IPP) and Budget Information
- Actions Requiring Prior GPO Approval

Quarterly Report

- The quarterly report is a word document. It is not submitted to CDP.
- Email the completed report to your Governmental Project Officer (GPO) and Government Management Specialist (GMS), and to DGMProgressReports@samhsa.hhs.gov
- Due 30 days after the end of the quarter

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Annual Goals & Budget Information

- Enter information in CDP (when available)
- GPOs approve goals (includes target number and IPP indicators) and budget information once a year, every year of the grant period
- Data are used in various reports for performance measurement and oversight

IPP Indicators

- 18 indicators
  - Must submit every quarter
  - Due the same time as the quarterly report
  - Should reflect the annual IPP projections
- Must enter into CDP (when available)
- GPO will review and approve IPP indicators

Actions Requiring Prior GPO Approval

- Key staff changes: *Project Director*
- Re-budgeting of funds
- Transfer of substantive programmatic work to a contractor
- Renovation requests (no more than $75,000 over period of the grant)
- Change in scope
- Carryover of un-obligated funds above 10%
- Continuation
- No cost extension
- Change in target number
  - *Send email with detailed justification to GPO*

Required Documents for Requests

A letter signed by CEO and Project Director is required for:

- Change in scope
- Change in Project Director (include CV of candidates)
- Re-budgeting of funds
- Transfer of substantive programmatic work to a contractor
- Renovation requests (no more than $75,000 over period of the grant)
  - *Submit 3 bids and provide justification on preferred bid*

Continuation

No cost extension

Carry-over

- Federal Financial Report (FFR) for all above
- Prevention and Public Health Funds PPHF/ACA Report

*Forms for the above are available through DGM

*Make sure to cc' your GPO

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Notice of Award (NOA)

Review original NOA

- Pay attention to Special Terms and Conditions
- Disparity Impact Statement (DIS)

Approved Continuations

- Review NOA for any changes such as
  - High risk status & Corrective action plans

Questions?

How can CIHS help you?

TTA topics include, but are not limited to the following:

Clinical	Behavioral Health • Best Practices • Care Coordination • Clinical Guidelines • Co-occurring MH and SUD • Health Behavior Change • Medical & BH Screening Tools • Mental Health • Motivational Interviewing • Pain Management • Primary Care • Telemedicine • Trauma
Consumer Engagement	Community Educators • Consumer Inclusion • Family Inclusion • Peer Educator • Peer Support Specialist • Recovery • Shared Decision Making • Wellness Coaches
Finance	Billing Tools • Medicaid • Medicare • Private Payers • Self-Pay • State Specific Models • Sustainability • Uninsured
Health Information Technology	Data Sharing • EHRs • Interoperability with Primary Care Partners • Meaningful Use • Patient Registries • Workflow
Integrated Care Models	BH in the PC Setting • Bi-directional Healthcare Integration • Choosing a Model • Person-centered Healthcare Homes • PC in the BH Setting • Review of Different Models
Operations	Access and Retention • Confidentiality • Contracts/MOUs • FQHC Scope of Work Change • Medical Space Guidelines • Organizational Change • Policies and Procedures • Workflow
Performance Measurement	Assessment • Data Collection • Data Management • Quality Improvement
Policy	Affordable Care Act • Federal Policy • State Policy
Specific Populations	Cultural Competency • Homeless • LGBTQ • Military/Veterans • Older Adults • Racial/Ethnic Populations • Rural Communities • Uninsured
Substance Use	Medication-Assisted Treatment • SBIRT • Substance Use Prevention • Substance Use Treatment
Wellness, Peer Support & Resiliency	Cognitive Skills to Avoid Negative Thinking • Diabetes Management • Healthy Eating • Health Risk Screening • Physical Activity • Restful Sleep • Service to Others • Stress Management • Tobacco Cessation • Weight Management • Wellness Informed Care • Whole Health Self-Management • Whole Health Action Management (WHAM)
Workforce & Training	BH Staff in PC Setting • Case-to-Care Manager Training • Continuing Education • Graduate Education • National Health Service Corps • PC Staff in BH Setting • Staff Retention • State Licensure Requirements

Expert Consultation:

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Expert Consultation:

Ask Me About Wellness – Tony Salerno

Ask Me About Clinical & IT Strategies -Kathy Dettling

Ask Me About SBIRT, Health Plans - Brie Reimann

Ask Me About Data Collection/CDP, Quality Improvement - Aaron Surma

Consultant Clearinghouse

- Individual Consultations
- Trainings (WHAM, Case-to-Care)

For more information about trainings or connecting with a consultant, email Hannah Mason, hannahm@thenationalcouncil.org

Don't Forget Our Web-based Communication:

PBHCI Only Listserv

- Quick access to tips and advice from fellow grantees
- Important SAMHSA announcements

Weekly Email Updates

- Important PBHCI updates
- New resources

PBHCI Website

- Regional meeting materials
- Webinar archives

To sign up for the listserv and weekly email distribution list, email Emma Green, emmag@thenationalcouncil.org

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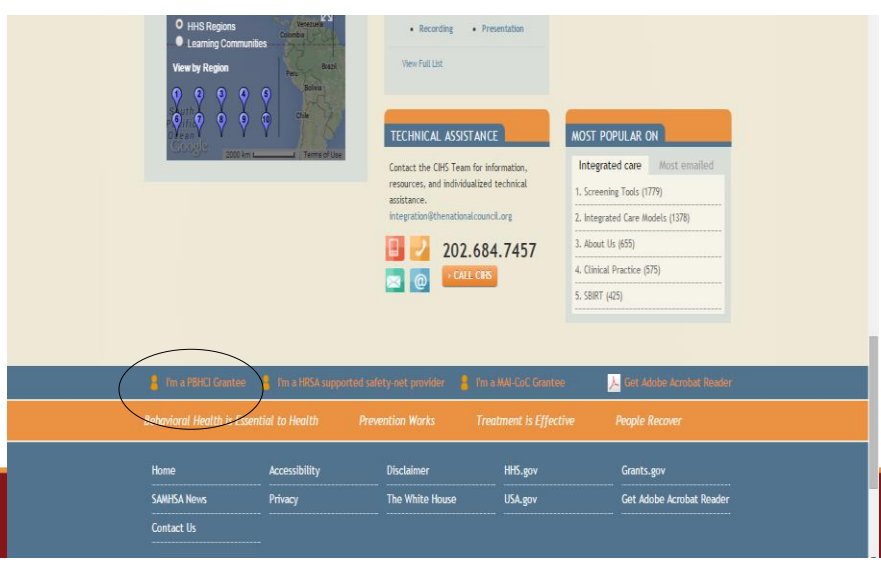
To get to the PBHCI page, go to www.integration.samhsa.gov and click on "I'm a PBHCI Grantee" on the bottom of the page



Coming Up…

PBHCI Health Disparities Series: Developing Performance Indicators for Integration of Cultural and Linguistic Competence

Webinar: August 14, 2 PM ET

Register:
https://attendee.gotowebinar.com/register/808407494704317442

Follow up Q&A Session: August 28, 2 PM ET

Register:
https://attendee.gotowebinar.com/register/2898665960525102594

Coming Up…

PBHCI Affinity Calls

- Peers & Wellness Coordinators, August 10, 3 PM ET
  RSVP, Hannah Mason, hannahm@thenationalcouncil.org
- Nurses, August 25, 3 PM ET
  Register:
  https://attendee.gotowebinar.com/register/1495143767266317570
- Project Directors/Project Leads, September 10, 3 PM ET
  Register:
  https://attendee.gotowebinar.com/register/4064560604391852801

SAVE THE DATES

Monthly PBHCI Webinars:
Let's Talk about Sex(ual Health)
August 26

Substance Use & Wellness:
Connecting the Dots
September 11

SAVE THE DATE

PBHCI HIT Requirements Review & Discussion September 2, 2015

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