

Executive Summary – BP1

Community Healthlink's Behavioral Health Community Partner (BH CP) continued in Budget Period 1 with many of the DSRIP investments we began in the Prep Budget Period. Our activities focused on (1) Technology – Electronic Record Development, IT Staffing and Technology for Service Delivery; (2) Workforce Development – Recruitment Staffing; (3) Business Start-up Costs – Office Equipment and Furniture and Ramp-up Costs; (4) Operational Infrastructure – Operation Staffing.

In Budget Period 1 Community Healthlink continued our Electronic Medical Record Development – improving forms, creating reports and working on mobile applications. The development work was done primarily by CHL IT staff who have expertise in working with our new Electronic Medical Record Qualifacts – Carelogic. The EHR does not have the capacity to upload excel files so CHL required consultant help in the area of data entry and analysis to load the MassHealth files from July and October into the system.

We allocated time of a recruitment specialist to assist the BH CP managers in both recruiting and hiring of Care Coordinators, nurses and administrative staff as the program had turnover in the first months of operations. They were able to successfully match applicants with program positions, verify credentials and follow-up on references. While we did have gaps of time when positions were vacant, the use of the recruitment specialists decreased those gaps.

In Budget Period 1 over 50% of the total DSRIP allocation was spent in Business Start-up Costs. Most of those were “Ramp-up” expenses not covered by the PMPM payments received from MassHealth for Qualifying Activities. In addition to that support of the operating budget, DSRIP dollars were used to purchase additional office equipment and furniture. Investments were made in additional mobile devices, docking stations for staff and desk top computers for administrators.

Operation staffing DSRIP dollars were spent for a report writer who wrote the reports to be submitted to MassHealth monthly – Outreach Status Report and Enrollment and Disenrollment Reports. In addition, the writer created reports that the managers use to track other key indicators for the program related to service activity, completed PCTPs, incomplete documentation and claim errors.