

ATTACHMENT B

DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM COMMUNITY PARTNER (CP) BP3 ANNUAL REPORT RESPONSE FORM

PART 1: BP3 ANNUAL REPORT EXECUTIVE SUMMARY

General Information

Full CP Name:	Community Healthlink (CHL) BH CP	
CP Address:	199 Chandler St. Worcester, MA	

Part 1. BP3 Annual Report Executive Summary

In Budget Period 3, Community Healthlink's Behavioral Health Community Partner (BH CP) was fully operational providing Care Coordination to Enrollees, further developing our collaboration with ACOs/MCOs, and using data to inform our processes. Even with the challenges of Covid-19 and working remotely with limited face-to-face contacts, staff creatively provided a range of services; assisting individuals in obtaining housing, primary care, behavioral health services, food and benefits. The expansion of the DSRIP investments we began in the previous two Budget Periods were crucial to the program development this year and to our successfully being able to rapidly provide our service off-site due to the pandemic. Our DSRIP activities focused on (1) Technology – Electronic Record Development, IT Staffing and Technology for Service Delivery; (2) Workforce Development – Recruitment Staffing and Training; (3) Operational Infrastructure – Operation Staffing and Expenses.

In Budget Period 3 DSRIP technology funding continued to support Community Healthlink's Electronic Medical Record Development. IT, system and report writing staff improved the Care Plan, created new reports and worked on the billing work flow and analysis of claims. The reports allow the managers to track key indicators for the program related to service activity, completed PCTPs, incomplete documentation and errors. They also worked on setting up a system for CHL to be able to accept and read 834 documents. We purchased some additional mobile devices and equipment for video conferencing. We worked with our EHR provider on improvements to the Carelogic system related to reporting through a connection with Open Database Connectivity (ODBC).

We allocated time of a recruitment specialist to assist the BH CP managers in recruiting and hiring care coordinators. Workforce Development funds were used for training in Suicide Prevention, Motivational Interviewing, Telehealth and Culturally Responsive Care.

While we Budgeted Period 3 to use a significant portion of the DSRIP allocation for Ramp-up-Costs, the PMPM payments covered the program's operational costs. This was due to a

combination of staffing vacancies; and transportation, occupancy and supply decreases due to Covid-19 and higher than projected PMPM income.

Operation staffing for this year included time of billing and finance staff to assist with both QA submission as well as reimbursement analysis. In addition, we had Quality and Project Management staff work with BH CP managers on our Quality Plan and Score Card and develop reports and a visual management system so that staff have regular access to see progress toward our goals. Finally, we have funds for incentives for Enrollees to complete the assessments and PCTPs. This year we also provided winter kits with hats, gloves, hand warmers, granola bars, emergency services contact information and hand sanitizer.