

Integrating Health First Steps in Joining Physical and Behavioral Health

Department of Social Services PCMH Presentation
Hosted by
Community Health Network of CT, Inc.





Featured Programs in this Webinar

Enhanced Care Clinic

presented by Lois Berkowitz, Psy.D

Screening, Brief Intervention, and Referral to
Treatment (SBIRT)

presented by Alyse Chin, MSW

ACCESS Mental Health CT

presented by Elizabeth Garrigan, LPC



Learning Objectives

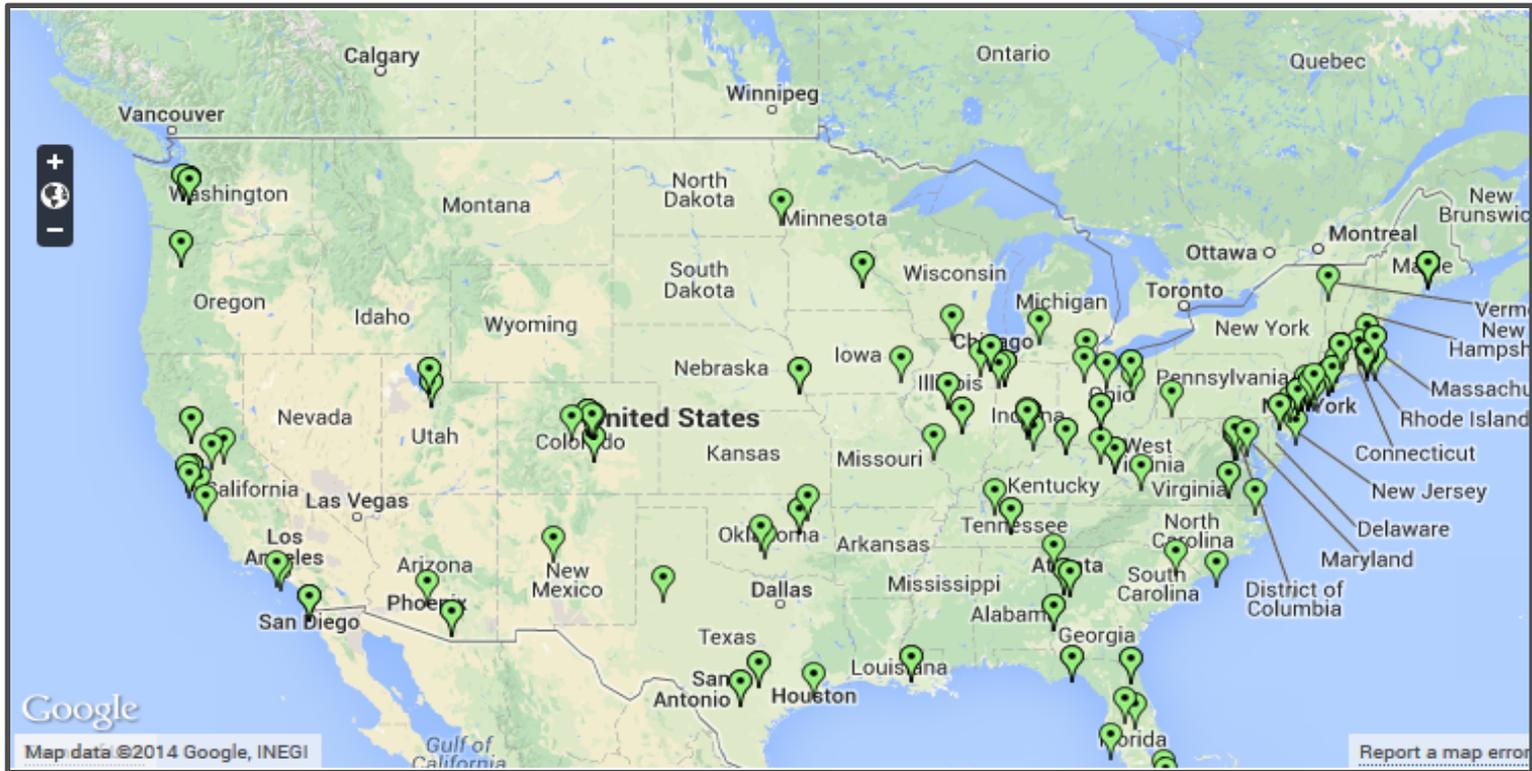
- Explain why behavioral health is an important element to incorporate in the Person-Centered Medical Home (PCMH)
- Define the Joint Principles of a PCMH
- Define behavioral health and integration
- Identify available resources to support behavioral health integration in your practice

CT Medicaid Structure

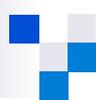


- Connecticut Medicaid and the Children's Health Insurance Program (CHIP) is known as the HUSKY Health program.
- Each Administrative Services Organization (ASO) provides oversight assistance for the Department using a person-centered approach: Medical (CHNCT), Behavioral Health (ValueOptions CT), Dental (Benecare), and NEMT (LogistiCare).
- DSS has integrated all of these programs into one unit to increase integration among all ASOs.
- Medicaid supports integration of medical and behavioral health because a high incidence of beneficiaries have co-morbid physical and behavioral health conditions and need support in developing integrated goal-oriented, person-centered plans of care.
- This structure joins medical, behavioral, and non-medical services (such as non-emergency medical transportation) to create innovative local systems of care and support that provide better value over time.

Where Integration is Happening



Source: AHRQ, The Academy Integration Map. Accessed September 2014. http://integrationacademy.ahrq.gov/ahrq_map



Joint Principles: Integrating Behavioral Health Care into the Patient-Centered Medical Home

- The Patient-Centered Medical Home (PCMH) is an improved approach to providing *comprehensive* primary care.
- The Joint Principles of a PCMH were formulated and endorsed in 2007 and defined the characteristics of a PCMH.
- Incorporation of behavioral health care has not always been included when a practice is transformed into a PCMH.

Joint Principles (cont.)

- In March 2014, a complementary set of Joint Principles was reviewed and endorsed by a number of Family Medicine and Primary Care Organizations, including the Collaborative Family Health Association (CFHA) and the American Psychological Association (APA).
- It follows the original 2007 Joint Principles but addresses the behavioral health elements that need to be incorporated in the PCMH model.

Joint Principles (cont.)

Joint Principles	Description
Personal Physician	Every patient has a personal physician
Physician-Directed Medical Practice	The physician acts through facilitative leadership
Whole Person Orientation	Includes the behavioral together with the physical
Care Coordinated and Integrated	Sharing of information and shared responsibility
Quality and Safety Goals	Include behavioral health clinicians in the patient's care planning
Enhanced Access	Patient access to behavioral health care resources
Payments	Payment structure incorporates behavioral health and primary care

Key Changes for 2014 PCMH NCQA Standards

- Identify high risk patients who may benefit from care management through a comprehensive health assessment, and use evidence-based guidelines to plan and manage their care.
 - Social determinants of health
 - Behavioral health conditions
 - High cost/utilization
 - Poorly controlled or complex conditions
- Maintain agreements with and incorporate behavioral health care providers within the practice site.
- Improve clinical quality of care, efficiency, and patient experience for vulnerable patients.

DSS Behavioral Health Measures for Person-Centered Medical Home (PCMH)

- Pediatric Measure - Developmental screening in the first three years of life with three age groups (ages 1, 2, and 3)
- Adult Measure - Percentage of adults given a new psychiatric diagnosis, and medication, by a PCP who received a follow-up visit within 30 days

If you are interested in the DSS Person-Centered Medical Home program, visit www.ct.gov/husky to find more information regarding eligibility and program requirements.

Behavioral Health & Integration Defined

- **Behavioral Health** – an umbrella term for care that addresses any behavioral problems impacting health, **including mental health and substance abuse conditions**, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of healthcare utilization.
- **Integrated Behavioral Health Care** – provided by a **practice team** of primary care and behavioral health clinicians, **working together with patients and families**, using a systematic and cost-effective approach to provide patient-centered care for a defined population.
- The job of all types of care settings, performed by clinicians and health coaches of various disciplines or training.

A Language Lexicon for Practice Use

- Purpose of developing a framework of language/terms – to promote the use of an effective and consistent **common clinical language** across healthcare provider disciplines for the delivery of **integrated whole person care** as directed by a personal healthcare provider.
- A patient's **practice care team** is comprised of primary care and behavioral health clinicians practicing **collaborative** and **evidence-based care** to mobilize **expertise** in identifying and meeting the needs of individual patients, families, and situations. Patients and families are members of the care team and involved in **decision making** and creating **patient-centered treatment plans** that meet the patient's needs, values, and preferences.
- A collaborative medical and behavioral health culture provides ongoing formal **clinical care team training** in role, relationship, and team-building strategies.

A Language Lexicon (cont.)

- Triage and identification of patient behavioral and medical needs include a patient **tracking system** for **care coordination** of common chronic and complex illnesses.
- Integrated care uses a **systematic** clinical care approach emphasizing **unified** and **shared** care plans that provide for **continuous quality improvement** and **measurement** of effective treatment of care goals and outcomes.
- Integrated behavioral and primary care is supported by the **local community, population, and the individuals** seeking care.
- Practice/clinic **office processes, management, and leadership** to support integrated behavioral and medical care services will move toward a **sustainable** and successful model of care, patient experience, and affordability – **The Triple Aim**.

Integration: An Evolving Relationship

Consultative Model

- Psychiatrists and other behavioral health clinicians see patients for consultations in their offices – away from primary care

Co-located Model

- Psychiatrist and behavioral health clinicians see patients in primary care settings

Collaborative Model

- Psychiatrist and behavioral health clinicians provide caseload consultation about primary care patients; they work closely with primary care providers (PCPs) and other primary care-based behavioral health providers (BHP)

Levels of Primary Care and Behavioral Health Collaboration

Levels	Collaborative Efforts
Level 1: Minimal collaboration	Healthcare professionals work at different locations, do not integrate their services, and have little communication.
Level 2: Basic collaboration from a distance	Healthcare professionals still practice in separate locations and do not integrate their services, but they do communicate more frequently.
Level 3: Basic collaboration on-site	Healthcare professionals co-locate services, but they do not integrate their services.
Level 4: Close collaboration in a partly-integrated system	Healthcare professionals co-locate services and integrate some of their systems, including coordinated treatment plans.
Level 5: Close collaboration in a fully-integrated system	Healthcare providers co-locate, have integrated systems, and provide seamless services.

Behavioral Health Services Covered in Primary Care

Psychologists and behavioral health clinicians can provide services in a primary care setting. For billing purposes, DSS defines a behavioral health clinician as a licensed clinical social worker (LCSW), licensed marital and family therapist (LMFT), licensed alcohol and drug counselor (LADC), or licensed professional counselor (LPC). Behavioral health providers must operate within their scope of practice to bill for the following services:

- Diagnostic interviews
- Individual therapy sessions
- Family therapy
- Group psychotherapy
- Biofeedback
- Developmental screens
- Smoking cessation counseling

The licensed practitioner enrolls in Medicaid (CMAP) as a member of the primary care medical group and submits claims by the licensed behavioral health professional, not the physician.

Behavioral Health Services Covered in Primary Care

A Primary Care Provider (PCP) can bill for: **Developmental and Behavioral Health Screening**

96110 (e.g., developmental milestone survey, speech and language delay screen) with scoring and documentation, per standardized instrument; as of 01/01/2015 used exclusively for developmental milestone screening

96127 (NEW) as of 01/01/2015 for brief emotional/behavioral assessment with scoring and documentation, per standardized instrument; used exclusively for behavioral health screening

See Provider Bulletin 2014-91:

<https://www.ctdssmap.com/CTPortal/Information/Publications/tabid/40/Default.aspx>

Smoking Cessation Services

99406 Smoking and tobacco cessation counseling visit; intermediate, greater than 3 minutes and up to 10 minutes

99407 Intensive, greater than 10 minutes

99412 Smoking cessation group counseling; used when group meets for or exceeds 45 minutes

See Provider Bulletin 2013-65:

<https://www.ctdssmap.com/CTPortal/Information/Publications/tabid/40/Default.aspx>

Behavioral Health Clinician Services in a Primary Care Setting

Procedure Code	Description	Max Fee	Effective Date	End Date	PA
90785	Psytx complex interactive	2.58	1/1/2013	12/31/2299	Y
90791	Psych diagnostic evaluation	103.25	1/1/2013	12/31/2299	Y
90832	Psytx pt & /family 30 minutes	43.06	1/1/2013	12/31/2299	Y
90834	Psytx pt & /family 45 minutes	63.12	1/1/2013	12/31/2299	Y
90837	Psytx pt & /family 60 minutes	94.63	1/1/2013	12/31/2299	Y
90846	Family psytx w/o patient	62.28	1/1/2012	12/31/2299	Y
90847	Family psytx w/patient	76.72	1/1/2012	12/31/2299	Y
90849	Multiple family group psy	22.58	1/1/2012	12/31/2299	Y
90853	Group psychotherapy	23.89	1/1/2012	12/31/2299	Y
90875	Psychophysiological therapy	54.20	1/1/2012	12/31/2299	Y
90876	Psychophysiological therapy	78.43	1/1/2012	12/31/2299	Y

Contact ValueOptions at 1.877.552.8247 for all prior authorizations (PA).
 For all other licensed professional fees, refer to www.ctdssmap.com.

Behavioral Health Clinician Services in a Primary Care Setting

Procedure Code	Description	Max Fee	Effective Date	End Date	PA
90853	Group psychotherapy	23.89	1/1/2012	12/31/2299	Y
90875	Psychophysiological therapy	54.20	1/1/2012	12/31/2299	Y
90876	Psychophysiological therapy	78.43	1/1/2012	12/31/2299	Y
90880	Hypnotherapy	79.83	1/1/2012	12/31/2299	Y
90887	Consultation with family	57.60	1/1/2012	12/31/2299	Y
96110	Developmental screen w/sc	12.60	1/1/2012	12/31/2299	
96111	Developmental test extend	61.06	1/1/2012	12/31/2299	
96127	Brief emotional/behav assess	12.60	1/1/2015	12/31/2299	
99406	Behav chng smoking 3-10 m	4.93	1/1/2015	12/31/2299	
99407	Behav chng smoking > 10 m	8.81	1/1/2015	12/31/2299	

Contact ValueOptions at 1.877.552.8247 for all prior authorizations (PA).
 For all other licensed professional fees, refer to www.ctdssmap.com.

Behavioral Health Clinician Services in a Primary Care Setting

Procedure Code	Description	Max Fee	Effective Date	End Date	PA
0359T	Behavioral ID assessment	504.00	1/1/2015	12/31/2299	Y
H0031	Mental Health Assessment	78.40	1/1/2015	12/31/2299	Y
H0032	Mental Health Service Place	78.40	1/1/2015	12/31/2299	Y
H2014	Skills Training and Development	9.88	1/1/2015	12/31/2299	Y
T1016	Case Management	10.50	1/1/2012	12/31/2299	

Effective January 1, 2015

Code 0359T is covered for individuals under age 21 with autism when assessed by a licensed psychologist and/or a licensed clinical social worker. Codes H0031, H0032, and H2014 are covered for individuals under age 21 with autism when assessed by licensed psychologists, licensed clinical social workers, licensed marital and family therapists, licensed professional counselors, and/or board certified behavior analysts.

Please contact ValueOptions at 1.877.552.8247 for all prior authorizations (PA). For all HUSKY Health benefit plans, **T1016** is only payable for clients under age 19.



Resources for Primary Care

Featured Programs

Enhanced Care Clinic
Lois Berkowitz, Psy.D

Screening, Brief Intervention, and Referral to Treatment
Alyse Chin, MSW

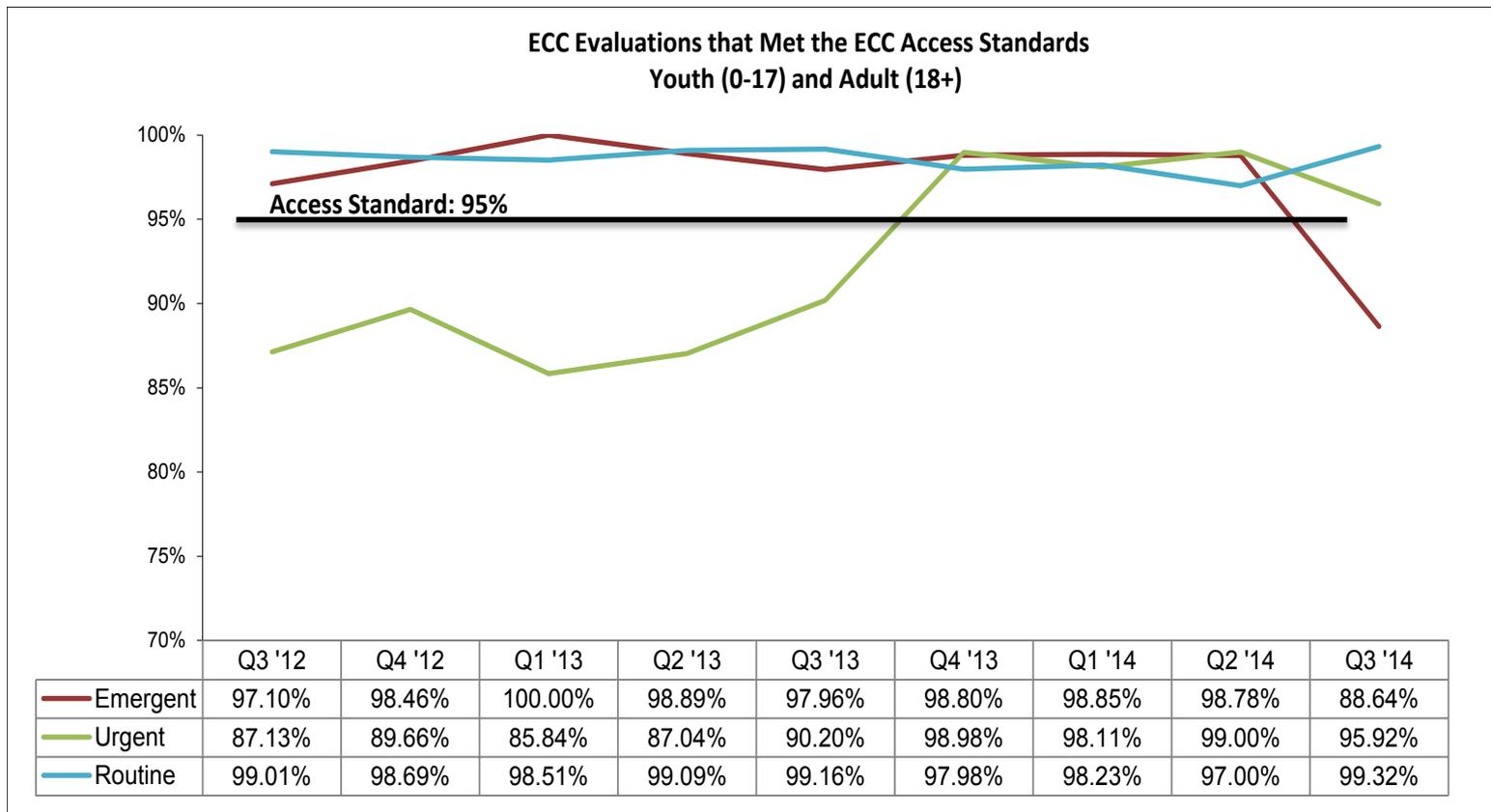
ACCESS Mental Health CT
Elizabeth Garrigan, LPC

Enhanced Care Clinics (ECC)

- Enhanced Care Clinics (ECCs) are specially-designated outpatient clinics that provide routine outpatient services.
- Services include, but are not limited to, individual therapy, group therapy, family therapy, and medication management.
- ECCs receive higher Medicaid reimbursements for meeting certain requirements:
 - Timely access
 - Collaboration with primary care
 - Screening, assessment, and treatment of co-occurring mental health and substance use disorders

Enhanced Care Clinics (ECC)

Since the implementation of the ECCs, there has been significant improvement in timely access to outpatient appointments.



Enhanced Care Clinics (ECC)

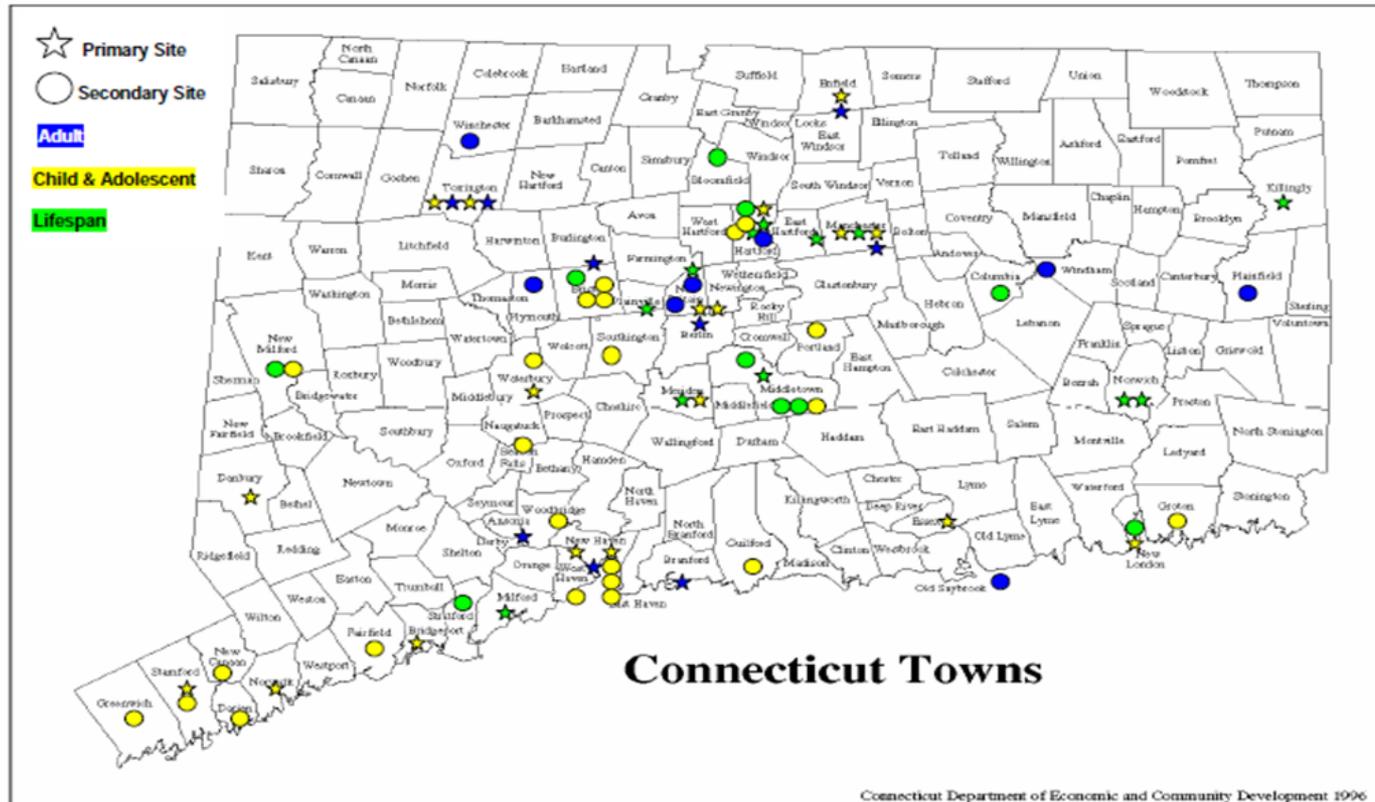
ECC coordination and collaboration with primary care includes:

- MOUs with at least two local primary care practices
- Communication guidelines that support ECC and PCP co-management of behavioral health and physical health disorders
- Designation of parties responsible for coordinating necessary medical and behavioral health services
- Potential referral of stable ECC patients to PCPs for ongoing medication management

Enhanced Care Clinics Statewide

A comprehensive list of ECCs can be found at www.ctbhp.com.

Enhanced Care Clinics



The Connecticut Screening, Brief Intervention, and Referral to Treatment (CT SBIRT) Program

The CT SBIRT Program seeks to significantly increase identification and treatment of adults, ages 18 and older, who are at-risk for substance misuse. The CT SBIRT Program is a Center for Substance Abuse Treatment (CSAT) funded public-private partnership that includes:

- The Connecticut Department of Mental Health and Addiction Services (DMHAS) – providing leadership and management;
- The Community Health Center Association of Connecticut (CHCACT) – collaborating with Federally Qualified Healthcare Centers (FQHCs) to ensure access to high-quality services;
- Nine (9) FQHCs – primary care implementation sites; DMHAS Military Support Program as well as other public and private providers; and
- The University of Connecticut Health Center (UCHC) – providing program evaluation and operating and managing the CT SBIRT Training Institute.

CT SBIRT Program (cont.)

The CT SBIRT Program uses evidence-based practices for the following modalities:

- Routine Screening with validated instrument, The ASSIST;
- Brief Intervention using manual-guided procedures recommended by the World Health Organization;
- Brief Treatment protocols modeled on a CSAT clinical trial;
- Differential Assessment utilizing standardized diagnostic instruments; and
- Referral to Treatment based on American Society of Addiction Medicine (2001) criteria.



FREE Resources Available from the CT SBIRT Training Institute

- Screening tool to assess substance misuse;
- Training in Screening (how to use the tool), and how to conduct a Brief Intervention session to help reduce or discontinue risky use;
- Referral resources to Brief Treatment or other substance abuse treatment programs;
- Technical support to maintain quality of the intervention; and
- Technical support to embed and sustain SBIRT services in your practice.

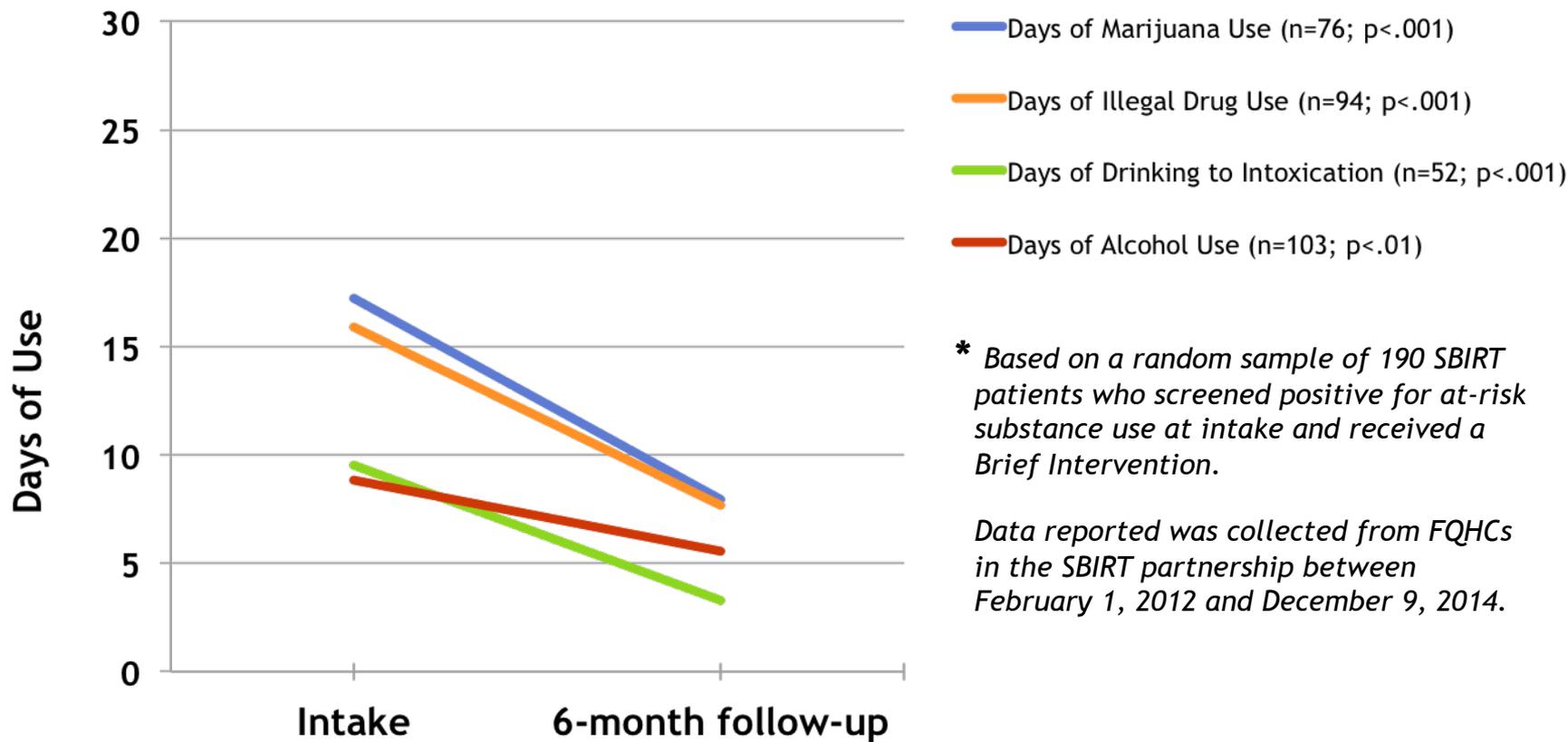
Other Services in Primary Care Setting

Following CT Screening, Brief Intervention and Referral to Treatment (CT SBIRT) Program training for Physician, Advanced Practice Registered Nurse, or Physician Assistant these codes may be billed:

Procedure Code	Description	Max Fee	Effective Date	End Date
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and Brief Intervention (SBIRT) services; 15 to 30 minutes	22.40	1/01/2014	12/31/2299
99409	Greater than 30 minutes	43.01	1/01/2014	12/31/2299

CT SBIRT Program Outcome Data

*Reduction in Days of Substance Use in the Past 30 Days**



WEBSITE: <http://www.ct.gov/dmhas/ctsbirt>
Alyse.Chin@ct.gov Project Director, DMHAS

ACCESS Mental Health

- Statewide program offering **free** consultative services to PCPs seeking assistance in treating youth under the age of 19 years with behavioral health concerns, regardless of insurance.
- Specialists are often available immediately, but always reachable within 30 minutes of the initial call, Monday through Friday, 9 am to 5 pm.
- Program offers ongoing education about pediatric mental health assessment and treatment.
- Program can provide assistance with finding community behavioral health services.
- Where indicated, the program can give a one-time diagnostic assessment and treatment recommendations to assist the child and family being cared for within the medical home.

ACCESS Mental Health

The ACCESS Mental Health program consists of 3 expert pediatric behavioral health consultation teams:

- Hartford Hospital, Wheeler Clinic, and Yale Child Study Center
- Each Hub Team includes:
 - child and adolescent psychiatrist,
 - behavioral health clinician,
 - program coordinator, and
 - family peer specialist.

ACCESS Mental Health

For further information, go to: www.accessmhct.com



Webinar: “ACCESS Mental Health CT: Meet the Hub Teams”
https://www.fuzemeeting.com/replay_meeting/2b7e000a/6699414

Selected Resources

- Connecticut Behavioral Health Partnership:
<http://www.ctbhp.com>
- Department of Mental Health & Addiction Services:
<http://www.ct.gov/dmhas/site/default.asp>
- ACCESS Mental Health: www.accessmhct.com
- Enhanced Care Clinics – ValueOptions CT:
http://www.ctbhp.com/providers/prv_enhancedcare.htm
- CT SBIRT – Screening, Brief Intervention and Referral to Treatment: <http://www.ct.gov/dmhas/ctsbirt>

Selected Resources

- AHRQ Academy for Integrating Behavioral Health and Primary Care: <http://integrationacademy.ahrq.gov/>
- AIMS CENTER: <http://aims.uw.edu/>
- Center for Integrated Primary Care: <http://www.umassmed.edu/cipc/>
- Collaborative Family Healthcare Association: www.cfha.net
- Evolving Models of Behavioral Health Integration in primary Care; Milbank Memorial Fund 2010: <http://www.milbank.org>

Selected Resources

- Lexicon for Behavioral Health and Primary Care Integration; AHRQ 2013:
<http://integrationacademy.ahrq.gov/sites/default/files/Lexicon.pdf>
- National Alliance on Mental Illness; Integrating Mental Health & Pediatric Primary Care Resource Center:
<http://www.nami.org>
- SAMHSA/HRSA Center for Integrated Health Solutions:
<http://www.integration.samhsa.gov>

Case Studies and Videos

- Case Study: Colorado's **Advancing Care Together**:
<http://www.advancingcaretogether.org/>
- Video: AIMS CENTER's "**Daniel's Story: An Introduction to Collaborative Care**":
<http://aims.uw.edu/daniels-story-introduction-collaborative-care>
- Webinars: University of Colorado's Department of Family Medicine's **Policy Channel**:
<http://www.youtube.com/CUDFMPolicyChannel>
- PCPCC Online Resource: **Successful Examples of Integrated Models**:
<http://www.pcpcc.org/content/successful-examples-integrated-models>



“Daniel’s Story: An Introduction to Collaborative Care”

<http://vimeo.com/92195974>



Questions/Comments