Central Oregon Health Council

RHIP Behavioral Health Identification & Awareness Workgroup
PacificSource (Room #210 – 2nd Floor)
2965 NE Conners Ave, Bend

Agenda: May 24, 2016 from 9:00am-10:00am

Call-In Number: 866-740-1260
7-Digit Access Code: 3063523

1. 9:00-9:05 **Introductions—All**

2. 9:05-9:25 **Mental Health Prevention & Promotion Grant Overview—Jessica Jacks**
   - **Community Perception and Social Norming**
   - **www.mindyourmindproject.org**

3. 9:25-9:45 **Minimum Standards for BHC Integration & Coding—Mike Franz**

4. 9:45-9:55 **Clinical Algorithms for BH Screening—All**
   - **Next Steps?**

4. 9:55-10:00 **Action Items—All**
   - **Next steps**

Next Meeting: June 28 from 9-10am
(Deschutes County Building, 1300 NW Wall St, Bend – DeArmond Room)

Information for Parents and Caregivers

Keeping our children healthy is not just about making sure they eat well, exercise and get enough sleep. Their mental health is just as important to make sure they grow into healthy, caring and happy adults.

What can parents and caregivers do?

Before you have a baby:

- During pregnancy, make sure to eat well, don't smoke, drink alcohol or use illegal drugs. Check with your doctor before taking any over-the-counter or prescription medications.
- Try to reduce the stress in your life and get plenty of sleep.
- Consider breastfeeding your baby. Breast milk contains special things that are good for your baby's brain. Breastfeeding also makes you feel extra close to your child.

Parents/caregivers of infants and toddlers:

- Play with, talk and read to your child as often as you can.
- Give them lots of hugs and kisses.

Parents/caregivers of preschool and elementary aged children:

- Try to find some time each day that you can spend alone with your child to play or read together.
- Notice the things your child has worked hard to finish or has tried to do; stress what has gone well instead of what they might have done wrong.

Parents/caregivers of 'tweens and teens:

- Listen without judging.
- Give them a chance to make some of their own decisions—and also be clear about rules and results if those rules are broken .
- Be aware of any big changes in their eating, sleeping, grades, interests or moods that last two weeks or more. Ask how they are feeling; tell them you care and if needed, talk to someone you trust, like a doctor, counselor or teacher so they can get the help they need to feel better.

Remember…

- All children need to know they are loved for who they are. Stay involved and show you care.
- If you notice that your child is having problems with their emotions or actions, call the Parent Helpline at 541-485-5211 to get some help.
- Parenting is a hard job, so to be the best, take care of yourself! Take time to relax, do things you enjoy, and get support from others.

For more parenting tips and resources, visit our website at:

www.mindyourmindproject.org

mind your mind project

because mental wellness matters

PacificSource Community Solutions, Inc.
PO Box 5729, Bend, OR 97708-5729
800.431.4135 Central Oregon
855.204.2965 Columbia Gorge
CommunitySolutions.PacificSource.com

Behavioral Health Primary Care Integration Guidelines and Frequently Asked Questions

****For Provider Use Only****

1. **What is Behavioral Health integration?**

   Behavioral Health (BH) integration is the care that results from a practice team of primary care and behavioral health providers, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address 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 health care utilization.

2. **What is the benefit to offering Behavioral Health integration?**

   Offering these services in a primary care setting increases screening and identification of BH issues in the population, improves access to services, and provides care where many patients feel most comfortable. Not intended to be a substitute for more intensive services offered through specialty behavioral health programs, integrated care treats common BH conditions that are responsive to shorter term, targeted interventions. A large body of research supports BH integration as a vehicle to improve patient as well as provider experience, reduce costs, and improve outcomes.

3. **How is PacificSource Community Solutions going to promote Behavioral Health integration?**

   In an effort to promote and support behavioral health integration, PacificSource has developed a fee-for-service (FFS) payment model that will reimburse BH services when delivered by a licensed or appropriately supervised BH provider in an integrated patient centered primary care home (PCPCH). These codes must be paired with the appropriate BH diagnosis (e.g. adjustment disorder, social anxiety disorder, depression, alcohol use disorder) for diagnostic and treatment purposes as allowed by the Oregon Health Plan (OHP). Additionally, PacificSource encourages the use of medically necessary case management and consultation codes that facilitate integrated, team-based care. For additional information, please reference Oregon SB 832: https://olis.leg.state.or.us/liz/2015R1/Downloads/MeasureDocument/SB832.

4. **What codes are payable?**

   The vast majority of outpatient BH and Substance Use Disorder (SUD) assessment and treatment codes are payable if certain criteria are met (see #5 below). Please contact your PacificSource Provider Services Representative if you would like a specific list of codes.

5. Who can bill for Behavioral Health integration services?

Only PCPCHs that have achieved and can demonstrate substantial integration of BH services in primary care may use these AG modifiers and be reimbursed for these services in the primary care setting. The optimal benchmark for this level of integration is the minimum standards consensus recommendation adopted by the Integrated Behavioral Health Alliance of Oregon (IBHAO): www.ccooregon.org/media/uploads/PCPCHibhaofinalwatermark2.pdf. However, PacificSource appreciates that BH integration in primary care is a developmental process and intends to support these efforts even if all of the above minimum standards are not presently met but there is clear intent that the practice is moving towards these standards. Thus, for the remainder of 2016, PacificSource will reimburse integrated PCPCHs using the AG modifier if the PCPCH scores a **4 or above** on the Integrated Practice Assessment Tool (IPAT): www.integration.samhsa.gov/operations-administration/IPAT_v_2.0_FINAL.pdf.

All PCPCHs scoring a 4 or above will need to submit a completed IPAT to PacificSource prior to billing for integrated BH services. The completed IPAT should be submitted directly to your PacificSource Provider Services Representative. The PacificSource BH Medical Director will then review the IPAT and follow up with the clinic if more information is needed to support the stated level of integration. This could include a phone conversation with office staff, chart reviews, or a site visit. The clinic will be notified within 10 business days of receipt of the IPAT whether or not they have been approved to render BH integration services or if additional follow-up is requested.

6. How do I bill for Behavioral Health integration services?

PacificSource has authorized the use of an "AG modifier" to the list of BH CPT codes such that these can be used to identify services delivered in an integrated PCPCH as opposed to a specialty or simply co-located BH setting. The AG modifier will allow:

- These services to proceed without a prior authorization;
- Services to commence without prior screening at a Community Mental Health Program (CMHP); and
- For the billing to be accounted for and paid through specific medical contracts outside of those we have with our CMHPs and BH panel providers.

The codes need to be submitted using the AG modifier to be processed accurately. While prior authorizations are not required, services may be reviewed for meeting medical necessity and appropriateness for delivery in a primary care setting.

7. How will the Behavioral Health integrations services be reimbursed?

The current Behavioral Health Fee Schedule will be used to reimburse claims unless a specific contract is in place in which case the contracted rates will be used. Please note, if providers bill SUD-related CPT codes they do need to have additional training per Oregon Health Authority (OHA) rules (at least 60 hours of documented contact hours of academic or continuing education in alcohol and drug treatment) and the service must be paired with a primary or secondary SUD diagnosis.

Cheryl Lelli 3/14/2016 2:35 PM
Comment [1]: What's AG? Do we need to define?

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8. **What future requirements will there be for Behavioral Health integration?**

   PacificSource anticipates re-administering the IPAT for 2017 and requiring a score of **5 or higher** to continue reimbursing the BH integrations services. This is to encourage all participating PCPCHs to move toward full fidelity integration in a timely manner.

   Finally, PacificSource will be reviewing this payment model over the next one to two years to ensure sustainable reimbursement for high fidelity integration. PacificSource anticipates there will eventually be a transition to an alternative payment model that will promote best practices of integration as they continue to evolve.

Subject: RE: Action Items before April Mtg: RHIP BH ID & Awareness Workgroup
Date: Tuesday, April 19, 2016 at 9:36:24 AM Pacific Daylight Time
From: Tamarra Harris
To: Rebeckah Berry
CC: Steve Strang

Hi Rebeckah:

Below is a baseline summary of the SBIRT/CRAFFT process for family practice/pediatrics within Mosaic. The same basic concept will apply to Bend High and Ensworth SBHCs (school based health centers).

- SBIRT is given to each patient at least once annually.
- CRAFFT is given to each adolescent patient at every well child check – more if necessary.
- As a general rule, patients charts are scrubbed prior to visit to determine if a screen is due.
- The provider will discuss the screen with the patient (and parent, if applicable) and involve BHC (Behavioral Health Consultant) for a brief intervention, if appropriate.
- The BHC generally meets with patient for an initial visit (15 min) in the exam room or may bring them back to their office.
- If necessary, the BHC will schedule up to five more "brief visits" with the patient, referring to other MH services if appropriate.
- If the patient presents as suicidal or the like – the County crisis team is contacted, 911 is called, as appropriate.
- We refer to Best Care, etc. if appropriate.

This is it in a nutshell. We do not have a BHC in every clinic each and every day which can sometimes create a challenge for our staff and patients. It is difficult to ask a patient to complete the SBIRT/CRAFFT and not have the resources readily available to support a positive screen. Our SBHCs, currently rely on our main clinic for this support. The greatest need in our SBHC world is at Bend High. We are currently recruiting and hope to have this position filled by July 1.

Yes, Steve will be at the next meetings. I have copied him on this email – I am sure he will add more details. It was a pleasure meeting you. Please let me know if I can answer any further questions or concerns.

Have a great week!

Tamarra

Tamarra Harris
Outreach Clinic Manager

Bend-Madras-Prineville-Redmond
Phone: (541) 617-5375
Fax: (541) 383-1883
Website: www.mosaicmedical.org

Phone Consult

- Patient seen by PCP (30 – 40 min appt)
- PCP sends task to Sondra Marshall or Rebecca Scrafford
- Sondra or Rebecca calls Family (follow up call made 1 -2 weeks out)
  - Writes Chart Note
- SM or RS will request to see patient or refer to other outside resources as needed
  - SM or RS sends task back to Provider

Private Insurance - Appointment

- Patient seen by PCP (30 – 40 min appt)
- PCP refers to organization (typically St. Charles Behavior Health) or private counselor (chosen upon parents preference/patients insurance) - (COPA referral dept to call family 1-2 weeks to coordinate referral)
- If needed, PCP will request follow up (Timing of process is situational)

OHP Insurance - Appointments

- Patient seen by PCP (30 – 40 min appt)
- Referral to Deschutes County Mental Health (COPA referral dept to call family 1-2 weeks to give parent DCMH phone number)
- Parent is responsible for calling DCMH and scheduling an initial appointment (Appointments vary – same day > 1 month)
- If needed, PCP will request follow up appt (Timing of process is situational)

Developmental Peds

- Patient seen by PCP (30 – 40 min appt)
- Referral is made to OHSU (COPA referral dept to call family 1-2 weeks once referral is sent)
- Developmental Peds/OHSU will contact parent to make appt (booked out 6 - 12 months)
- OHSU contacts COPA to submit referral to insurance
- If needed, PCP will request follow up appt (Timing of process is situational)

Inpatient

- Patient must be seen by PCP (30 – 40 min appt)
- PCP puts in referral to Inpatient Facility (EX: Rim Rock or Wyldwoodz)
  -Parent must be in agreement with inpatient plan/process – not to inform patient of plans
- COPA referral department, Inpatient facility and parent coordinate plan
- Inpatient stay is a 90 day – 18 month commitment
- Once patient is released from the facility, f/u is to be made w/ PCP

ER * Two Options*

Option #1

- Parent calls COPA nurse advice regarding patients severe behavior
- Phone advice goes through protocol /Triage
  -Nurse advice patient to go to the ER
- Hospital prompts parent to make follow up appt with PCP (Appt made 1 – 2 Weeks out)

Option #2

- Patient initially goes to ER (same day)
- Hospital Pediatric department at St. Charles advices patient to make f/u appt with PCP (Appt made 1 – 2 Weeks out)

Internal Referral – COPA Behavior Health

- PCP sees patient for behavior concerns (30 – 40 min appt)
- If Sondra Marshall or Rebecca Scrafford are in clinic, the provider will request them to be present during the appointment
  -Regardless, the provider will put in a referral for patient to have an official appt with SM or RS
- Order is sent to Elizabeth Brewer or Tarryn Rasmussen (Referral call 1 – 3 days out)
- Parent schedules appointment over the phone or a voicemail is left prompting parent to call back and schedule
- Sondra or Rebecca sees patient (30 min appt)
- During the appointment, SM or RS will refer patient to external resources or will request a follow up appointment (situational when a f/u apt is made)

RHIP Workgroup Updates: April

Behavioral Health: Identification & Awareness

- This group meets the fourth Tuesday of every month from 9-10am and currently has 19 members.
- In April, the group reviewed SBIRT/CRAFFT trends from Central Oregon OHP data and discussed the strategies that are currently being implemented to encourage these screenings. In May, the group will discuss the minimum standards required for integration of Behavioral Health Consultants (BHCs) into primary care settings, as well as the potential changes for coding and billing of these positions. A discussion will also occur around the new mental health prevention and promotion grant that Deschutes County Health Services received. The group hopes to support the next steps of this grant with their expertise. Finally, in May the group will begin discussing how to raise awareness around normalizing perceptions of accessing behavioral health resources throughout our communities.

Behavioral Health: Substance Use and Chronic Pain

- This group meets the third Wednesday of every month from 4-5pm and currently has 16 members.
- During the April meeting, the group reviewed a model presented around successful referral pathways for individuals with substance use disorders (SUDs). They reviewed the SUD resource list for providers and a wallet resource card for the community. These items will be updated and disseminated throughout the community within the next month. In May, the group will discuss what percentage of income is billable for a peer support specialist, and will come up with a list of questions around peer support specialist or recovery mentor integration into primary care. In May, the group plans to discuss the second and third health indicators in greater detail to fully form their work plan.

Cardiovascular Disease

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 16 members.
- During the April meeting, representatives from school and after school programs informed the group about the variety of physical activity opportunities they provided. The group listened to anecdotal stories from fellow community members of the barriers to participating in after school activities. In May, the group plans to discuss and decide on a strategy to increase adolescent physical activity rates in the region.

Diabetes

- This group meets the second Thursday of every month from 9-10am and currently has 19 members.
- The group is still developing a comprehensive list of pre-diabetes and diabetes programs throughout the region. This list will help to identify gaps and focus efforts. These resources will be used to create a list of opportunities for providers and organizations to refer their clients to throughout Central Oregon. The group is also beginning to discuss how to integrate their efforts to offer more comprehensive support around Diabetes for our community.

RHIP Workgroup Updates: April

Oral Health

- This group meets the third Tuesday of every month from 11-12pm and currently has 16 members.
- The group is completing a gap analysis and prioritizing their strategies using the Spectrum exercise. A "Launch" PSA presentation will be given at the May meeting.

Reproductive Health/Maternal Child Health

- This group meets the second Tuesday of every month from 4-5pm and currently has 18 members.
- Members are currently vetting three Perinatal Care models. Review of first trimester visits not captured for credit revealed an opportunity to adjust coding to reflect credit. This will be a standing item on the agenda. An AFIX presentation is set for the May meeting.

Social Determinants of Health

- This group meets the third Friday of every month from 10-11am and currently has 26 members in kindergarten readiness and 22 members in housing.

Education & Health

- April's meeting was spent reviewing Kindergarten Readiness data in our region. Exercise/homework defining domains and strategies of current programs set for next meeting.

Housing

- April's meeting was spent vetting current projects and deciding on criteria to be included in their work plan. A sub-group of the team is meeting before the next meeting to flesh out the work plan in more detail.