



NATIONAL COUNCIL LIVE

Webinars

Partnerships and Integration

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Agenda for the Webinar

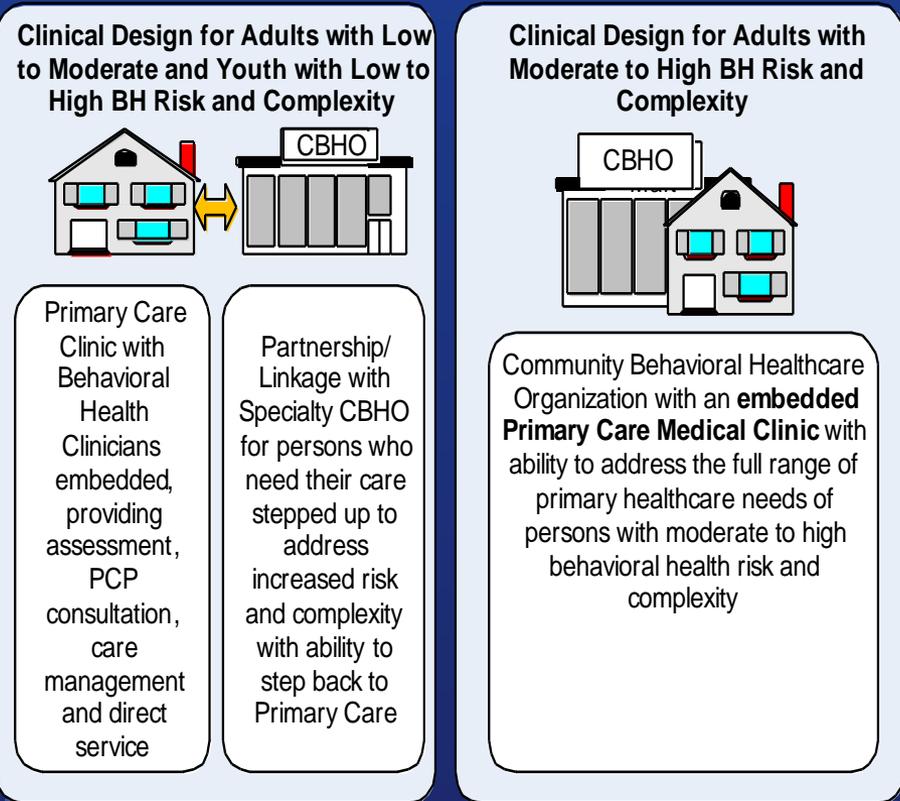
- Business case
- Partnership Options
- > Finding a Partner



The Business Case

Health Homes of the Future

Funding starting to open up for embedding primary medical care into CBHOs, a critical component of meeting the needs of adults with serious mental illness





The Money and the Business Case

- > Financial models (FFS, case rates, global payments) are critical to selection of business models – how does Medicaid reimburse for care?
- > In one FFS state, for psychiatric medication service 90862
 - A university medical center clinic is reimbursed \$12.50
 - The same visit at a CMHC is reimbursed \$39.92
 - At an FQHC, the visit would be reimbursed at \$80-88
- > In a nearby FFS and managed care state, for 90862:
 - A university medical center is reimbursed \$19.53 (FFS)
 - The same visit at a CMHC is reimbursed \$210.87 (FFS)
 - At an FQHC, the visit would be reimbursed \$66.82-155.64 (FFS)



Two Services in One Day

- Myth: The federal government prohibits this or Medicaid won't pay for this!
- Reality: This is a state by state Medicaid issue, not a federal rule or regulation – Ohio Allows Two Services in One Day
- Federal Citations:
 - Medicare will cover a physical health and mental health visit same day/same provider – CFR Title 42 Volume 2, Part 405. Section 405.2463



The 9600 Series of Codes

- Approved CPT Codes for use with Medicare right now
- Some states are using them now for Medicaid
- State Medicaid programs need to “turn on the codes” for use
- Behavioral Health Services “Ancillary to” a physical health diagnosis
 - Diabetes
 - COPD
 - Chronic Pain



Screening, Brief Intervention, Referral for Treatment (SBIRT)

- SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.
- [Screening](#) quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- [Brief intervention](#) focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- [Referral to treatment](#) provides those identified as needing more extensive treatment with access to specialty care.
- A key aspect of SBIRT is the integration and coordination of screening and treatment components into a system of services. This system links a community's specialized treatment programs with a network of early intervention and referral activities that are conducted in medical and social service settings.



Health and Behavior Assessment/Intervention (96150-96155)

Health and Behavior Assessment procedures are used to identify the psychological, behavioral, emotional, cognitive and social factors important to the prevention, treatment or management of physical health problems.

96150 – Initial Health and Behavior Assessment – each 15 minutes face-to-face with patient

96151 – Re-assessment – 15 minutes

96152 – Health and Behavior Intervention – each 15 minutes face-to-face with patient

96153 – Group (2 or more patients)

96154 – Family (with patient present)

96155 – Family (without patient present)



FQHC Partnerships: The Business Case

- Prospective Payment Systems
- BH Expansion Grants
- Scope of Service Changes



Prospective Payment System

- Per provider fee for each encounter regardless of amount of time
- Determined based on costs at the beginning of each year
- Potential for increased revenue for psychiatric visits
- Tort liability coverage – free
- Increased payment for BH staff under this model too



BH Expansion Grants

- Funding available, often each year, to expand BH services in FQHC settings
- Most recent application February, 2009
- All New Starts must have behavioral health services
 - Direct Hires
 - Contract with local CMH



Change of Scope

- FQHC only gets reimbursed for things approved within their scope
- Can submit Scope Change document to include providing primary care at CMH/BH sites



Flexibility of Capitation Funding

- Capitation devolves flexibility of funding to local level
- Integrated care benefit decisions on services, location and who is served is local
- Allows for packages/bundles of services not defined by CPT codes (sort of)



Determining the Business Case for Partnering with an FQHC

- Psychiatric Services in Primary Care
- Master's level clinicians in Primary Care
- Physical Health Issues in BH
- Case Management Services



Partnership Options

- With a FQHC
- With hospital systems
- With private for profit health clinics
- With free clinics

- Bi-directionality is key to successful agency partnerships



Selecting a Partner



What do we mean by “partner”?

- > A “partner” is a collaborator in service provision that works in another domain from the one you work in. A primary care clinic may partner with a behavioral health organization, or vice versa. Programs within the same organization may partner with each other, as well. A behavioral health organization may establish a health clinic at one of its sites. At the more advanced level, providers may partner in large collaboratives or networks to meet broader system or community needs.



Advanced Integrated Partnership

- > A network of community behavioral health partners may collaborate with other organizations to address a range of needs in a single community. For example, a network of community-based organizations providing health and/or behavioral health services may partner with one or more hospitals.
- > Many communities have formed networks to partner with emerging Accountable Care Organizations, Regional Health Partnerships, and other emerging funding and coordination structures that may manage health and behavioral healthcare for large populations.



Partnership Checklist (Posted to Website- Sample questions)

- > Within the full array of primary health/behavioral health services (e.g., types of services, levels of care), identify and list the services that your organization already provides and the services that are needed but not provided or provided only to a limited degree (e.g., a large behavioral health organization provides a range of mental health and substance abuse services, but would like to include primary care services for clients without a primary care doctor).
- > For the services on both lists, identify all potential community provider partners that offer those services.
- > Prioritize potential partners who share your agency's mission, vision, and values, including those that focus on helping the neediest members of your community.
- > If you do not recognize an obvious partner, identify where your clients currently receive those services. In a community with no FQHC or community health clinic, ask your mental health center or substance abuse treatment clients where they receive primary care, or vice versa. Those providers identified, even if they are



Resources

> www.integration.samhsa.gov



> Questions?