BEHAVIORAL HEALTH OVERVIEW
SOUTHWEST PROVIDER SUMMIT

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AND SUBSTANCE ABUSE SERVICE

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AGENDA

1. Introductions
2. Behavioral Health (BH) under Community HealthChoices (CHC)
3. The CHC Agreement: Behavioral Health Requirements for CHC Managed Care Organizations (CHC-MCOs)
4. CHC-MCO Approach to Behavioral Health Coordination
5. Q&A Discussion
DEFINITIONS

Behavioral Health Services
• Services that are provided to participants to treat mental health and/or substance abuse diagnoses/disorders.

Long-Term Services and Supports (LTSS)
• For members with functional limitations or chronic illnesses, assessed to require the level of care provided in a nursing facility.
• Includes services to support the individual’s ability to live or work in the setting of his or her choice including the home or worksite, a provider-owned or -controlled residential setting, a nursing facility, or other institutional setting.
BEHAVIORAL HEALTH SERVICES

• All CHC participants will be covered by BH managed care through the existing behavioral health managed care organizations (BH-MCOs).

• This is a change for Aging Waiver participants and nursing facility residents.

• The type, scope, and delivery of BH managed care services are expected to evolve as the CHC program evolves.
BEHAVIORAL HEALTH SERVICES

NURSING FACILITIES

• To assure all individuals with mental illness who reside in, or apply for admission to, Medicaid-certified nursing facilities and are in need of the services provided by the facility receive services appropriate to their needs.

• Nursing Home Pre-Admission Screening and Resident Review Requirements related to mental health services:
  ✔ OMHSAS-16-11 Bulletin
  ✔ Outlines requirements, processes, and responsibilities
SPECIALIZED SERVICES

• Mental health services beyond those that a nursing facility typically provides which is specified in an individualized plan of care that is developed and supervised by an interdisciplinary team.

• Services that are of a higher intensity and frequency than other mental health services which are provided by the nursing facility.

• Examples: partial hospitalization, psychiatric outpatient clinic, mental health crisis intervention, mobile mental health treatment, peer support services, mental health targeted case management
STATE PLAN SERVICES

- Inpatient Psychiatric Hospital
- Inpatient Drug and Alcohol Detox and Rehabilitation
- Psychiatric Partial Hospitalization
- Lab and Diagnostic studies and procedures
- Tobacco Cessation Counseling Services

Outpatient Psychiatric Clinic
- Drug and Alcohol Outpatient Clinic
- Methadone Maintenance
- Peer Support Services
- Mental Health Crisis Intervention Services
- Mental Health Targeted Case Management
- Clozaril Support
Additionally, the BH-MCO may provide medically necessary and cost-effective alternatives to State Plan Services approved by the Office of Mental Health and Substance Abuse Services (OMHSAS). The most commonly approved services include:

- Non-Hospital Drug and Alcohol Detox and Rehab
- Certified Recovery Specialist
- Halfway House
- Assertive Community Treatment Team (ACT)
- Psychiatric Rehabilitation Services
- Licensed Psychologist, LSW, LPC
- Mobile Medication
The CHC-MCO must conduct a comprehensive needs assessment of every participant who is determined functionally eligible for LTSS, or who requests an assessment.

Through the comprehensive needs assessment and reassessment, the CHC-MCO must assess a participant’s physical health, behavioral health, social, psychosocial, environmental, caregiver, LTSS, and other needs, as well as preferences, goals, housing, and informal supports.
CHC-MCO SERVICE PLANNING REQUIREMENTS

FOR ALL PARTICIPANTS, CARE MANAGEMENT MUST BE AVAILABLE

• For individuals requiring LTSS, a written holistic person-centered service plan is required that identifies and addresses:
  ✓ Active, chronic conditions and diagnoses
  ✓ How LTSS will be provided and coordinated
  ✓ Known needed physical and behavioral health services
  ✓ How the participant’s physical, cognitive and behavioral healthcare needs will be managed
  ✓ How the CHC-MCO will coordinate with the Participant’s Medicare, Veterans, BH-MCO, and other healthcare insurance providers.
FOR ALL PARTICIPANTS, CARE MANAGEMENT MUST BE AVAILABLE

- For participants who do not require LTSS but who have unmet needs, service gaps, or a need for service coordination, a written care plan that addresses:
  - Active, chronic conditions and diagnoses
  - Known needed physical and behavioral health services
  - How the participant’s physical, cognitive, and behavioral healthcare needs will be managed
  - How the CHC-MCO will coordinate with the participant’s Medicare, Veterans, BH-MCO, lottery-funded services, and other health care insurance providers
In addition to the BH services in the state plan, the following services are available to LTSS participants:

- Counseling services
- Cognitive rehabilitation therapy
- Behavior therapy services

These are necessary to improve the individual’s inclusion into the community.

Funded only when the service is not covered, or the service has been exhausted, under Medicare, the Medicaid State Plan (Including Behavioral Health Managed Care) and private insurance.
COUNSELING SERVICES

• Provided by a licensed psychologist, licensed social worker, licensed professional counselor, or a home health agency that employs them

• To resolve individual or social conflicts and family issues, such as assisting the individual to develop and maintain positive support networks, how to improve personal relationships or how to improve communication with family members or others
COGNITIVE REHABILITATION THERAPY

- Provided by an occupational therapist, licensed psychologist, licensed social worker, licensed professional counselor, licensed speech and language therapist, or a home health agency that employs them

- Focused on the attainment/re-attainment of cognitive skills to enhance competence in real-world situations

- May include assessing the individual, developing a home treatment/support plan, training family members/staff and providing technical assistance to carry out the plan
BEHAVIOR THERAPY SERVICES

• Provided by a licensed psychologist, licensed social worker, licensed behavior specialist, licensed professional counselor, or a home health agency that employs them

• Includes the completion of a functional behavioral assessment; the development of an individualized, comprehensive behavioral support plan; and the provision of training to individuals, family members and direct service providers

• Also includes monitoring and revising the plan
CHC-MCO AND BH-MCO WRITTEN AGREEMENTS

• Enhance the treatment of participants who need both CHC covered services and BH services

• Describe the interaction and coordination of services provided to participants, including those receiving nursing facility and in-home services

• Include the provisions specified in the Agreement Exhibit, “Coordination with Behavioral Health Managed Care Organizations”

• Reviewed and approved by the Department at least 30 days prior to the CHC implementation date
• Information exchanges

• Specific coordination mechanisms to assess and, where appropriate, reduce the use of psychotropic medications prescribed for participants
A BEHAVIORAL HEALTH PROFESSIONAL LOCATED IN PA WHO:

- Monitors the CHC-MCO for adherence to BH requirements in the agreement
- Coordinates with the BH-MCOs to effectuate the requirements
- Coordinates participant care needs with BH-MCOs and BH providers
- Develops processes to coordinate behavioral healthcare between primary care practitioners and BH providers
- Participates in the identification of best practices for BH in a primary care setting
- Coordinates behavioral care with medically necessary physical health services
NEW PARTICIPANT ORIENTATION

The CHC-MCO must have an orientation program for new participants that includes access to behavioral health services.

INTERNAL PARTICIPANT DEDICATED HOTLINE

• The CHC-MCO must maintain and staff a 24-hour, 7 day-per-week dedicated toll-free hotline to respond to participants’ inquiries, issues and problems regarding services.

• The hotline must be staffed by individuals trained in coordination with BH-MCOs.
CHC AGREEMENT REQUIREMENTS

PARTICIPANT ADVISORY COMMITTEE (PAC)

• Required for each zone in which the CHC-MCO operates

• Must include participants, family caregivers, network providers and direct care worker representatives to advise on the experiences and needs of participants

• Provider representation must include physical health, BH, dental health and LTSS
HEALTH EDUCATION ADVISORY COMMITTEE

• Advises on the health education needs of participants
• Includes participants and providers in the community
• Provider representation includes physical health, LTSS, BH, and dental health providers
CHC AGREEMENT REQUIREMENTS

PRIMARY CARE PRACTITIONER (PCP) RESPONSIBILITIES

• The PCP must serve as the participant's initial and most important point of contact regarding health care needs.

• At a minimum, the CHC-MCO network PCPs are responsible for coordinating BH services by working with BH-MCOs.
APPROACH TO BH COORDINATION

CHC-MCOs

- AmeriHealth Caritas – Pattie Wright
- PA Health & Wellness – Julie Ghurtskaia
- UPMC – Michele Mesiano
QUESTIONS