

Behavioral Health Advisory Council Meeting
Wednesday, April 9, 2014
Charles Ed McFall Boardroom
Lincoln Center
4345 N. Lincoln

Welcome

Member Term Limits Update

Verna Foust and Charles Danley polled the members they represent concerning member term limits. A recommendation has been made to the Council that member term limits be set at 3 years with a renewal for 3 years for a total of 6 six years for Council members.

Co-chair Laura Boyd made a motion that term limits be set at 3 years, with a renewal for an additional 3 years, for a total of 6 years, and that member organizations be responsible for appointing its representatives without recommendation of the Council. Second by co-chair Paul Davis. Approved by all, none opposed. Motion carries.

BH Screening in Patient-Centered Medical Home and SBIRT Screening Option

Mary Ann Dimery, OHCA; Dane Libart, ODMHSAS

Dane Libart, ODMHSAS, was not able to attend the meeting due to personal reasons. Mary Ann Dimery presented on the patient-centered medical home behavioral health screening initiative. SBIRT is an option available under that initiative.

OHCA and ODMHSAS have partnered together to integrate behavioral health into the physical health delivery system. Effective 1/2014, all Patient-Centered Medical Homes are required to perform an annual behavioral health screening for SoonerCare Choice members ages 5 and above that are assigned to their panel. All Patient-Centered Medical Homes will receive on-site training and educational materials in 2014 to assist them in integrating behavioral health screening. Currently, 13 Provider Services staff are providing the on-site training. As of 4/3/2014, 380 Patient-Centered Medical Homes have received behavioral health screening education. A directory of behavioral health providers is also given at the time of training.

Health Home Overview

Traylor Rains, ODMHSAS

The Affordable Care Act allows states to implement Health Homes for targeted populations within their states. Oklahoma is using this model for adults with serious mental illness (SMI) and children with serious emotional disturbances (SED).

A Health Home is where individuals can come throughout their lifetime to have all of their healthcare needs identified and receive the medical, behavioral, and social supports

they need, coordinated in a way that recognizes all of their needs as an individual, not just as 'patients'. All of their care and treatment is provided and tracked on one care plan.

Research has shown that those individuals with SMI die 25 years earlier than individuals in the general population, mostly from medical reasons. There are many factors that contribute to this early death rate, including lack of motivation on the part of the consumer, lack of advocacy skills, and poverty. Many PCPs lack the time necessary to talk to the consumer's family and support network, and are uncomfortable when dealing with mental health issues, just as many mental health professionals are uncomfortable dealing with physical health issues. Health Homes make collaboration between the two easier and more effective for the consumer.

Conversations are currently being held with CMS regarding reimbursement for different tiers of Health Home, as well as physician reimbursement. This would be an incentive payment that would be an add-on to the current care coordination payment through Medical Home.

Work is currently being done on a Request for Information (RFI) to gauge who is interested in becoming a Health Home, and who would be qualified. That information will be used to create an intensive learning collaborative. Once that group has been formed and a final model has been created, a Request for Proposal (RFP) will be released.

Letters of Collaboration/Termination Update

Mark Reynolds, ODMHSAS

Letters of Collaboration/Termination are to help ensure that clients that are being seen in multiple agencies are receiving coordinated care, and to help minimize the duplication of services. This applies only to agencies who request levels 1, 2, 3, or 4. LBHPs will explain the process to the consumer and help coordinate between the agencies.

Letters of Termination will only apply to those consumers who already have services at another agency. There is also a new process to contest a termination for providers. Providers are notified within 48 hours if a consumer has an open authorization at another provider. Terminations are also done fairly quickly. If a client terminates one provider who is already collaborating with another, both providers will receive notification of the termination.

Break

Fast Facts

Tony Russell, OHCA

See Attachment for the presentation of Fast Facts.

Not On Agenda:

The new rules will go into effect after July 1. The Council will review the new rules at the next meeting in August.

The annual Mental Health Awareness Day will be on Monday, April 14 at the state Capitol. The theme this year is "My Mind Matters". Activities from 10am to 2pm are scheduled by the Coalition of Advocates. From 3:30- 7:30 there will be a family and children's picnic on the north lawn of the Capitol. Booth space is still available for \$50.00.

The annual NAMI WALKS is scheduled for June 7 at the Myriad Gardens in Oklahoma City at 9am. RedRock is the corporate sponsor this year. Contact NAMI offices at 230-1900.

Registration is now available for the annual Children's Behavioral Health Conference for June 23- 25. Registration can be found online at the ODMHSAS website.

Legislative Update

Carter Kimble, OHCA

There are 3 phases to the Legislative session- there is the legislative piece, which is ongoing throughout the session; there is the budget piece which is generally done toward the end of the session; and the permanent rule making piece which can happen at any point, depending on when those rules are sent to the Capitol.

There were several bills before the Legislature that have failed because of the deadline or have been revised. HB2384 no longer deals with provider rate reductions, but instead will concentrate on medication for Hepatitis C.

The budget request was originally for \$145,000,000 in new money. That has since dropped to \$90,000,000 in new state dollars. That is still a long way from the 5% cut in the Governor's budget. The major cost saving lever right now is going to be provider rates.

Permanent rules have been sent to the Capitol. Representative Holbert and Representative Floyd will review the rules. Action has to take place by the Legislature in order for a rule to be approved.

Adjourn: 11:30

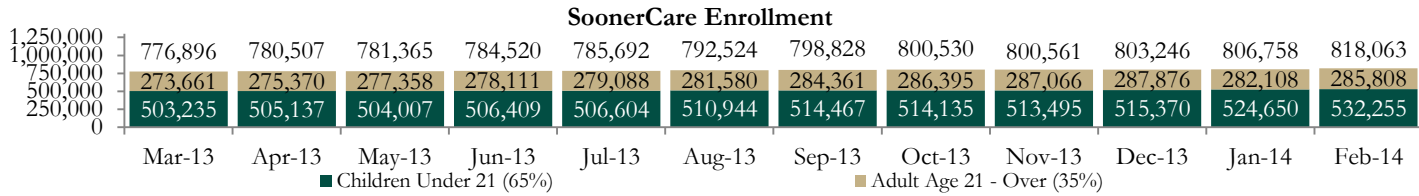
Behavioral Health Fast Facts

February 2014

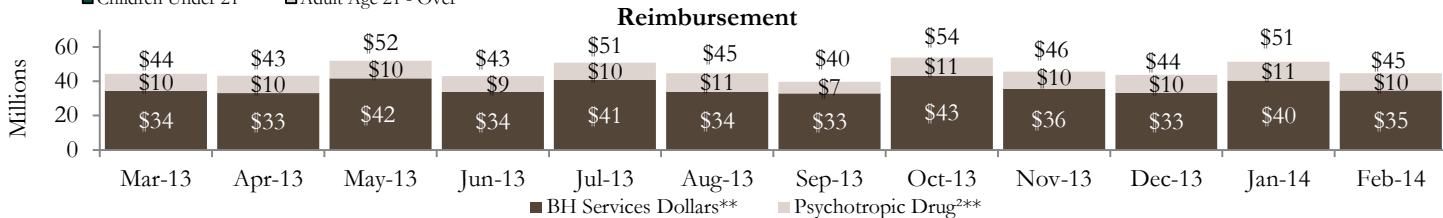
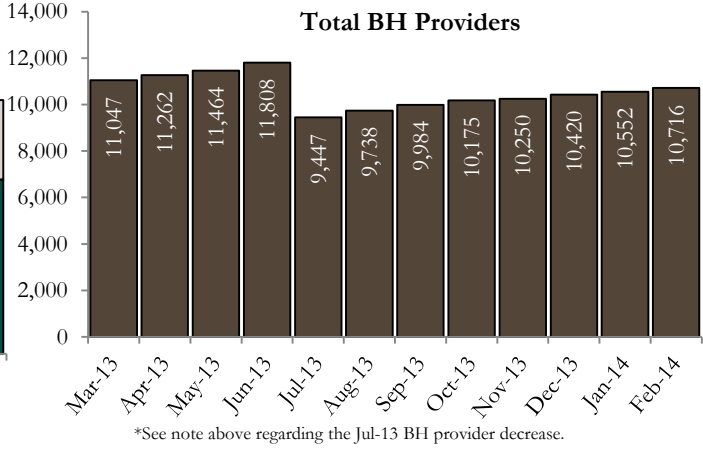
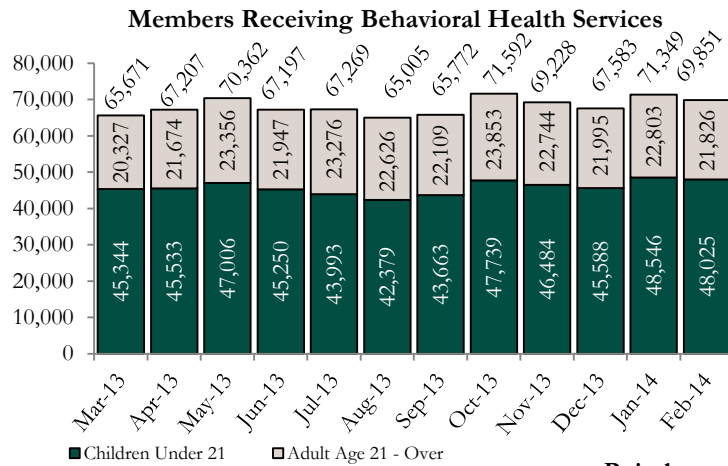


OHCA's Behavioral Health Program provides a behavioral health care benefit for adults 21 years of age and older and children under 21 years of age who are enrolled in SoonerCare (Traditional & Choice) programs.

* OHCA is currently in a provider contract renewal period. Some of the totals below may indicate a decrease in the provider counts due to this process. This occurrence is typical during all renewal periods.



Notes: The enrollment numbers are SoonerCare only, Individual Plan (IP) is excluded, all other figures include both SoonerCare & IP



Category of Service	Children Under 21			Adult Age 21 and Over		
	Reimbursement	Members Served*	Average per Member	Reimbursement	Members Served*	Average per Member
Inpatient (Acute-General)	\$229,500	99	\$2,318	\$718,053	286	\$2,511
Inpatient (Acute-Freestanding)	\$746,643	203	\$3,678	\$32,664	2	\$16,332
Psychiatric Residential Treatment Facility (PRTF)	\$7,056,031	952	\$7,412			
Outpatient	\$15,358,299	41,324	\$372	\$5,575,533	16,476	\$338
Psychologist	\$1,049,045	3,682	\$285	\$197,718	873	\$226
Psychiatrist	\$254,177	2,247	\$113	\$355,377	3,891	\$91
Residential Behavior Mgmt Services (Group)	\$751,245	459	\$1,637			
Residential Behavior Mgmt Services (TFC) (Therapeutic Foster Care)	\$1,143,206	657	\$1,740			
SMI/SED Case Management	\$501,674	6,103	\$82	\$315,811	4,831	\$65
Other OP Behavioral Hlth Services	\$17,330	50	\$347	\$266,628	743	\$359
Total* (unduplicated)	\$27,107,150	48,025	\$564	\$7,461,783	21,826	\$342

*The Total is an unduplicated count, members are only being counted once. Member Served counts members multiple times if they have multiple Category of Services, however, they are only counted once under each category of service. **Totals may not sum correctly due to rounding calculations.

¹ Behavioral Health Services Reimbursement is based on category of service. It does not include diagnosis information, which may not include all the expenses related to behavioral health services. Behavioral Health Services Reimbursement average 9% (as of SFY 2011) of the overall annual SoonerCare budget (excluding Psychotropic Drugs²).

² Prescription claims that are not coded with diagnostic information and drugs used to treat behavioral health conditions may be used for some physical health conditions as well. This figure includes all uses of the drug included within behavioral health categories. Reporting of figures are based on the payment date of the claims. Trends from month to month vary due to sporadic billing.

This publication is authorized by the Oklahoma Health Care Authority in accordance with state and federal regulations. OHCA is in compliance with Title VI and Title VII of the Civil rights Act and the Rehabilitation Act of 1973. For additional copies, you can go online to OHCA's website www.okhca.org/research/data. The Oklahoma Health Care Authority does not discriminate on the basis of race, color, national origin, gender, religion, age or disability in employment or the provision of services. The data is valid as of 03/20/2014 and is subject to change.

SOONERCARE Health Homes

A strategy to build a system of care to improve health, enhance access and quality and control costs for members with SMI or SED

Oklahoma Department of Mental Health
and Substance Abuse Services





What Is A Health Home?

- ❖ A place where individuals can come throughout their lifetimes to have their health care needs identified and to receive the medical, behavioral and social supports they need, coordinated in a way that recognizes all of their needs as an individual, not just patients.

Why Coordinated Care Matters

- ❖ People with SMI die 25 years earlier than individuals in the general population, mostly for medical reasons rather than suicide or accidental death.

Reasons For Early Death:

Problems Related Directly to Mental Illness*

- Amotivation
- Cognitive Limitations
- Poverty
- Lack of Self-Advocacy Skills

**A Randomized Trial of Medical Care Management for Community Mental Health Settings. American Journal of Psychiatry, Druss, et al, (2010).*

Reasons For Early Death: Service System Factors

❖ Physicians

- ❖ Lack of knowledge or comfort with people with chronic mental disorders
- ❖ Clinical demands that make it difficult to address multiple comorbidities

❖ Mental Health Professionals

- ❖ Lack of knowledge or comfort regarding medical issues
- ❖ Lack of time and resources to address health concerns in busy practices

Why Health Homes For Children?

- ❖ Limited coordination between primary medical and behavioral health specialty care
- ❖ Significant number of children in child welfare receiving psychotropic medications with no coordinated system of care to monitor appropriate utilization.
- ❖ Lack of time in primary care setting to spend 1-2 hours with family

Required Health Home Activities

- ❖ Provide comprehensive care management;
- ❖ Provide care coordination;
- ❖ Provide health promotion;
- ❖ Coordinate transitional care from inpatient to other settings
- ❖ Refer and link to community supports;
- ❖ Provide individual and family support;
- ❖ Use health information technology to link services.

Wagner, E.H. (2000). The role of patient care teams in chronic disease management. *British Medical Journal*.

Benefits of a Team!

- ❖ Effective chronic illness models generally rely on multidisciplinary teams.
- ❖ Successful teams can provide critical elements of care that doctors do not have the time or training to do.
- ❖ Participation of medical specialists in consultative and educational roles contribute to better outcomes.

Wagner, E.H. (2000). The role of patient care teams in chronic disease management. *British Medical Journal*.



In Partnership

In Oklahoma, Health Homes will integrate physical health and behavioral health

Health Homes

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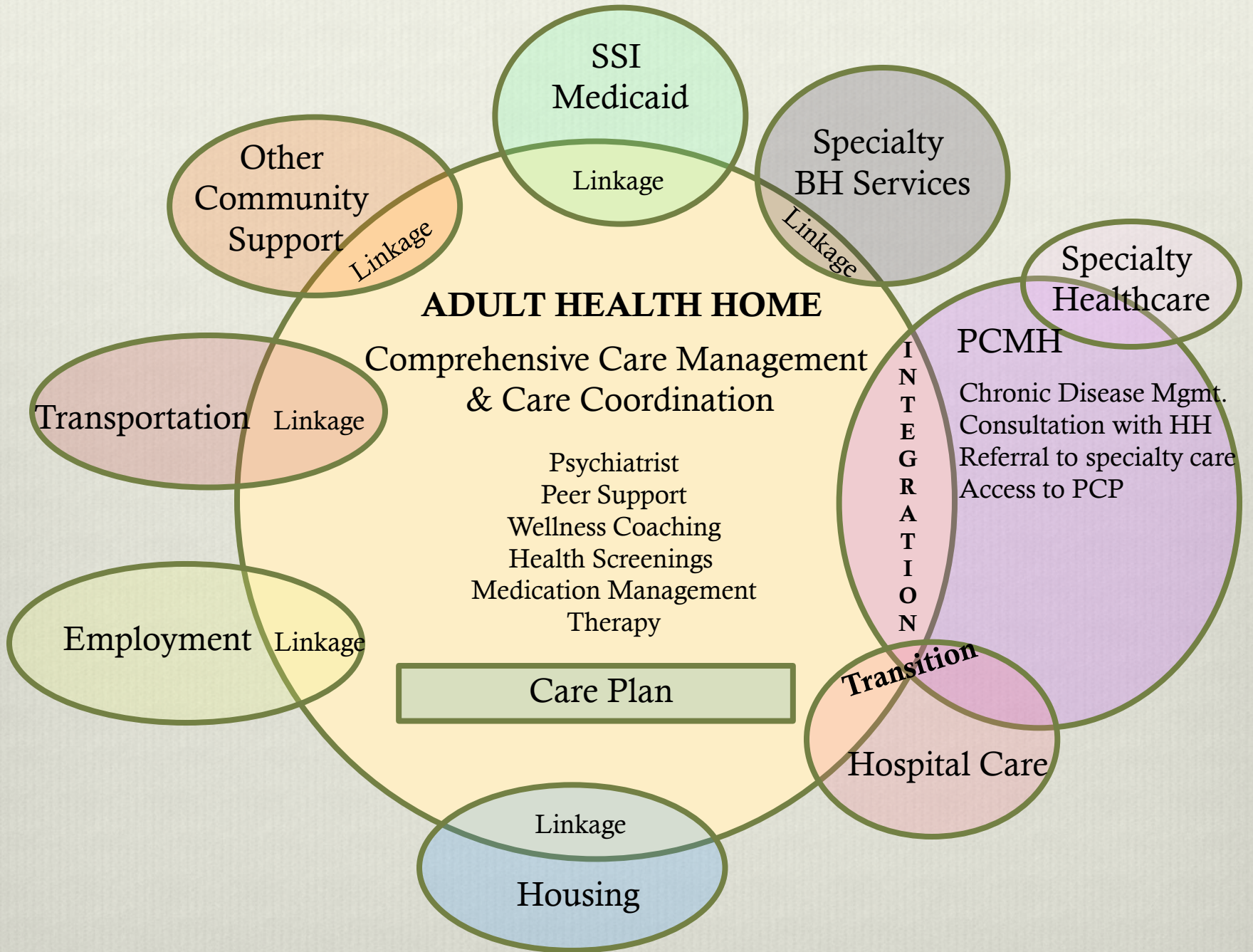
Outpatient Behavioral Health Agency

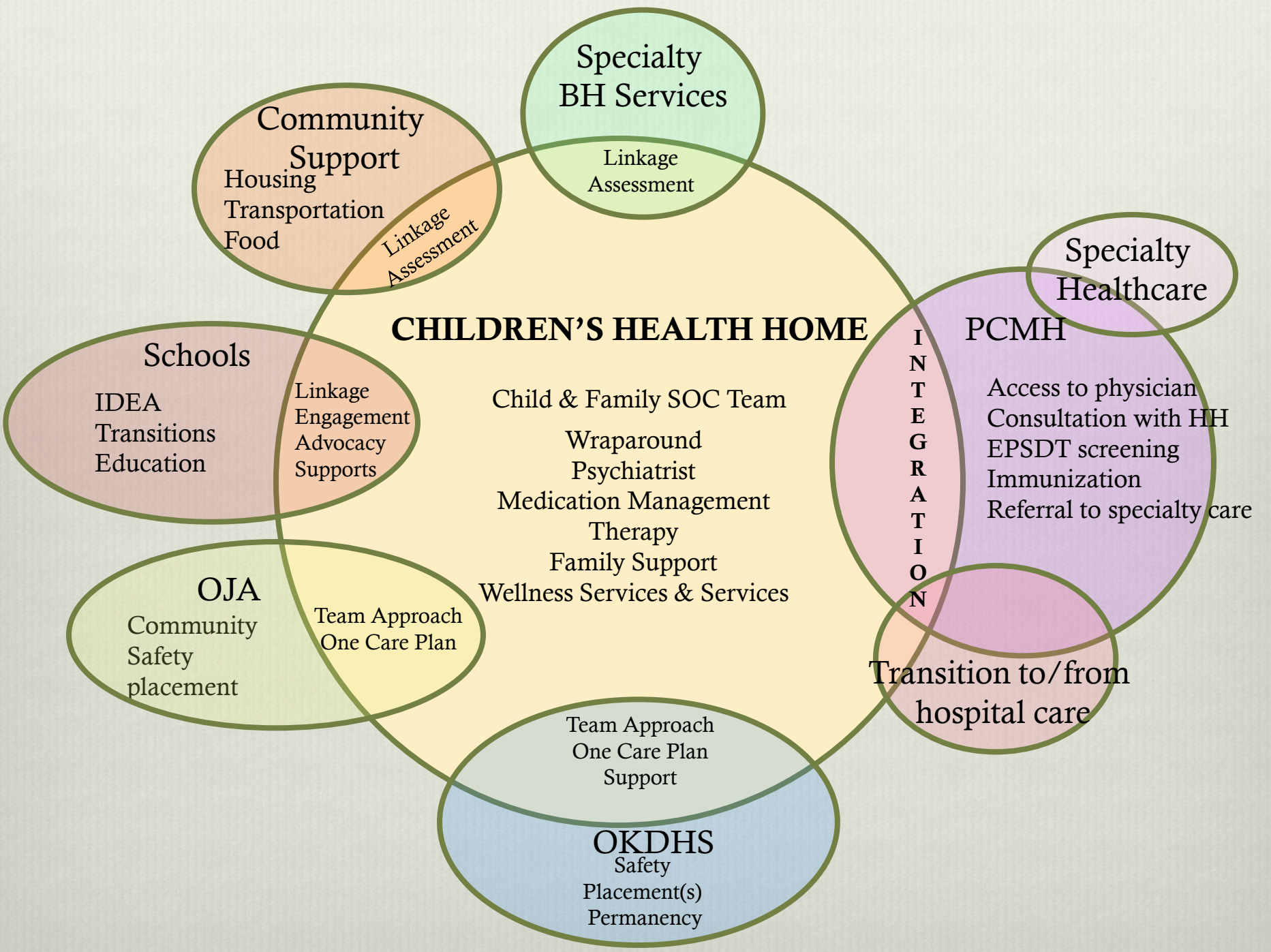
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Primary Care Physicians

The Health Home Team

- ❖ An interdisciplinary team
- ❖ Person/Family Centered process
- ❖ Identifies strengths and needs
- ❖ Creates a unified plan
- ❖ Empowers persons towards self-management
- ❖ Coordinates the varied healthcare needs





Specialty
BH Services

Community
Support
Housing
Transportation
Food

Schools

IDEA
Transitions
Education

OJA

Community
Safety
placement

OKDHS

Safety
Placement(s)
Permanency

CHILDREN'S HEALTH HOME

Child & Family SOC Team
Wraparound
Psychiatrist
Medication Management
Therapy
Family Support
Wellness Services & Services

Specialty
Healthcare

PCMH

Access to physician
Consultation with HH
EPSDT screening
Immunization
Referral to specialty care

Transition to/from
hospital care

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Linkage
Assessment

Linkage
Engagement
Advocacy
Supports

Team Approach
One Care Plan

Linkage
Assessment

Team Approach
One Care Plan
Support

Health Home Team Members

Adults



Child and Family Team

Physician Team Member

HH Director

Licensed Nurse Care Manager

Behavioral Health Case Manager

Wellness Coach/Peer Specialist

Consulting Psychiatrist

Physician Team Member

Licensed Nurse Care Manager

Behavioral Health Care Coordinator

Family Support Provider

Consulting Psychiatrist

Role of Physician Team Member

- ❖ Coordinates and cooperates with HH Case Manager and/or Nurse Care Manager in development of integrated care plan
- ❖ Consults with CMHC on-site HH psychiatrists as needed;
- ❖ Supplies post visit follow-up and relays information back to HH;
- ❖ Maintains a system to track referrals;
- ❖ Coordinates the delivery of medical care services with all specialists, case manager and other medical providers;
- ❖ Educates members on appropriately using medical resources such as emergency rooms.

Role of Physician Team Member

(PCMH, FQHC, IHS, PCP)

Requirements for Children

- ❖ Educates regarding the importance of immunizations and screenings, child physical and emotional development;
- ❖ Links each child with screening in accordance with the EPSDT periodicity schedule;
- ❖ Identifies children in need of immediate or intensive care management for physical health needs;
- ❖ Provides opportunities and activities for promoting wellness and preventing illness, including the prevention of chronic physical health conditions; and
- ❖ Assist HH care manager in developing wellness goals to be included in the comprehensive care plan.

Health Home Assignment

- ❖ OHCA will attribute to Health Homes, SoonerCare members with a qualifying SMI/SED designation who have an existing relationship with the HH agency. Members will be notified via US mail service. Message will include:
 - ❖ a brief description of Health Home services;
 - ❖ a description of individuals' options to choose another Health Home;
 - ❖ a process to opt out of enrollment in a HH; and
 - ❖ encouragement to continue any existing relationship with their primary care provider (PCP).

Questions??

❖ Contact Information

- ❖ For PCMH Questions/Comments:
 - Melody Anthony - Director of Provider Services, OHCA
 - Melody.Anthony@okhca.org
 - 405-522-7360

- ❖ For Health Home Questions/Comments:
 - Melinda Jones Thomason – Asst. Director, Health Policy, OHCA
 - Melinda.Thomason@okhca.org
 - 405-522-7125
 - Jackie Shipp - Director of Community Based Services, ODMHSAS
 - Jshipp@odmhsas.org
 - 405-522-4142
 - Traylor Rains – Director, Policy & Planning, ODMHSAS
 - Traylor.Rains@odmhsas.org
 - 405-522-1727

Letters of Collaboration (LOC)
and Termination (LOT)
for Medicaid and ODMHSAS
Outpatient Behavioral Health Providers

- Why are LOC/LOT required?
- To insure that members have coordinated clinical care; incorporating member choice and facilitating optimal treatment outcomes
- To minimize duplication of services
 - On 10/7/2013, over 2,400 individuals had open authorizations at two or more agencies. Sixty had open authorizations at three or more agencies.
 - It is estimated that up to \$860,000 of services are duplicated each year.

Who has to participate?

- Medicaid and ODMHSAS Outpatient Behavioral Health Providers
- Providers who request Level 1/2/3/4 Authorizations
 - Adult and Children 6+: PG042/PG043/PG044/PG045
 - Children Under 6: PG046/PG047/PG048/PG049
 - TANF/Child Welfare: PG034/PG035/PG036/PG037
 - Systems of Care: PG015
- PG001 is excluded from this process.

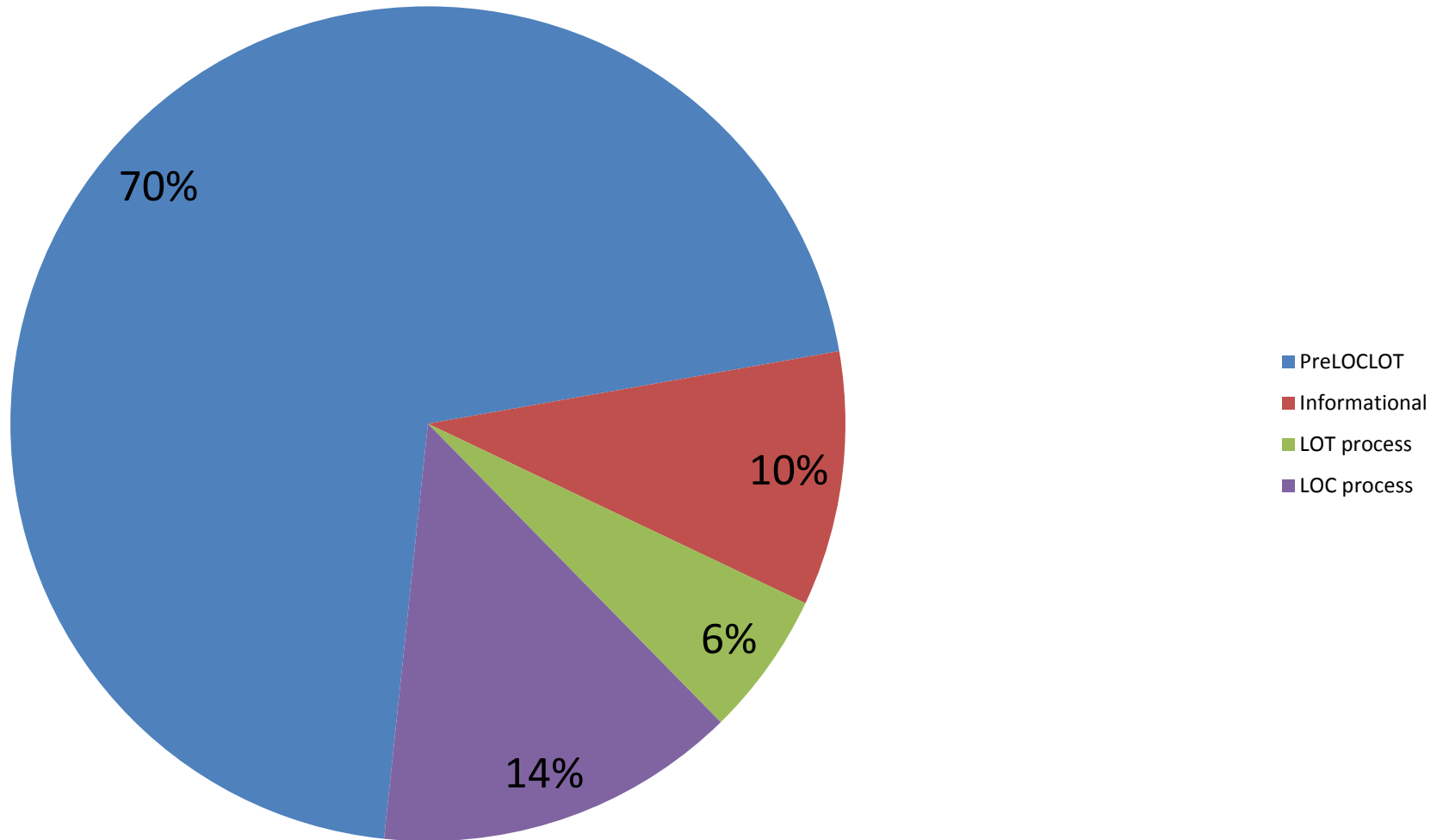
Enhancements

- LBHP required to process LOC/LOT
- Collaborations (LOC)
 - Providers not required to send in LOC, just the cap split
 - Providers do not have to agree upon level of authorization
 - Collaborations will continue at each update, unless providers choose to make a change
 - LOC can be sent through vendor system
- Terminations (LOT)
 - Providers must print each individual LOT
 - LOT not accepted until CDC 23/42 processed
 - LOT can be sent through vendor system
- Contest Termination process
- Courtesy Termination
- Email Notifications (see next slide)

When will you receive Email Notifications?

- PG038
 - If you have an open Level 1/2/3/4 authorization and another provider request PG038.
 - If you submit a PG038 and a Level 1/2/3/4 authorization is open at another provider.
 - Two agencies have open Level 1/2/3/4.
- Level 1/2/3/4
 - If you have an open Level 1/2/3/4 authorization and another provider request a Level 1/2/3/4.
 - If submit a Level 1/2/3/4 authorization and another provider has an open Level 1/2/3/4.
- Termination
 - If you have an open Level 1/2/3/4 authorization and a Letter of Termination is accepted to close your authorization.
 - If you have an open collaboration and the other provider terminates their authorization.
 - Once we have review a faxed termination, you will be notified that your pended authorization has be approved.
- Contest
 - If another provider contest the termination of the member's Level 1/2/3/4 authorization.
- Collaboration
 - If another provider proposes or accepts a collaboration.
 - If collaboration is changed by either provider and other needs to review.
 - If another provider terminates a proposed or open collaboration.
 - If provider B deletes their pended PA.
- Courtesy Termination
 - If you request a PG038 or Level 1/2/3/4, another provider has an open Level 1/2/3/4 authorization and the other provide chooses to do a Courtesy Termination.

Email Notification



Number of LOC/LOT

- Collaborations - 288
- Terminations – 345
- Contest – 28

– As of 04/08/2014

Patient Centered Medical Home Behavioral Health Screening

- The Oklahoma Health Care Authority (OHCA) and the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) have partnered together to assist in integrating behavioral health into the physical health care delivery system.
- Effective January 1, 2014 all Patient-Centered Medical Homes are required to perform an annual Behavioral Health screening for SoonerCare Choice members ages 5 and above that are assigned to their panel.
- 2014 is an educational/implementation year and all Patient-Centered Medical Homes will receive on-site training and educational materials to assist in the integration of behavioral health screening.
- Providers can utilize validated behavioral health screening tools. There are two tools that are recommended for use and available to providers at no cost. Screening tools are accessible on the OHCA website. www.okhca.org

Billing for Screening

CPT 99420*

Administration and interpretation of health risk assessment

*This code is in addition to any other code you bill for the visit. This code is non-compensable so we have designed a new SoonerExcel initiative called "Annual Behavioral Health Screening." This new incentive will follow our quarterly payment process and will replace the current incentive payment for Generic Drug Prescribing

SBIRT is optional to PCMH providers

Billing for the SBIRT

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

CPT 99408*

Alcohol and/ or substance (other than Tobacco) Abuse Structured Screening (EG, AUDIT, DAST) and brief Intervention (SBI) services; 15 to 30 minutes

*For Members who screen positive for alcohol or drug use and receive the Brief Intervention (BI). The CPT 99408 code is authorized for providers that successfully complete the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) 2.5 hour CME on-line training curriculum

Contact:

Mary Ann Dimery, M.H.R., LPC, Behavioral Health Specialist (405) 522-7543

Crystal Hooper, M.A., LPC, Behavioral Health Specialist (405) 522-7446

Hsiu-Ting Cheng, M.Ed., LPC, Behavioral Health Specialist (405) 522-7565

