

## Behavioral Health Integration: The Nuts & Bolts

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Session 3D

March 8, 10:30AM-12:00PM



MacColl Institute at  
Group Health Cooperative

# What is Integrated Behavioral Health?

- IBH exists when primary care and behavioral health staff work together as a team,
- ✓ with the same clinical record,
  - ✓ in the same physical space,
  - ✓ with ongoing communication &
  - ✓ are rapidly accessible to intervene with patients when needed



# Success =

- Clear Roles & Processes
- Preventing Cultural Pitfalls
- Sustainable Revenue



# Roles

- Behaviorist
  - Who: various flavors- social workers, counselors, psychologists, unlicensed mh staff- check licensing/revenue
  - What
    - Crisis intervention/suicide intervention
    - Diffusing hostility
    - Brief cognitive-behavioral treatment anxiety
    - IMPACT problem solving intervention
    - Linking to resources
    - Teaching skills: relaxation, trauma management

# Roles

- Psychiatric Expertise

- WHO

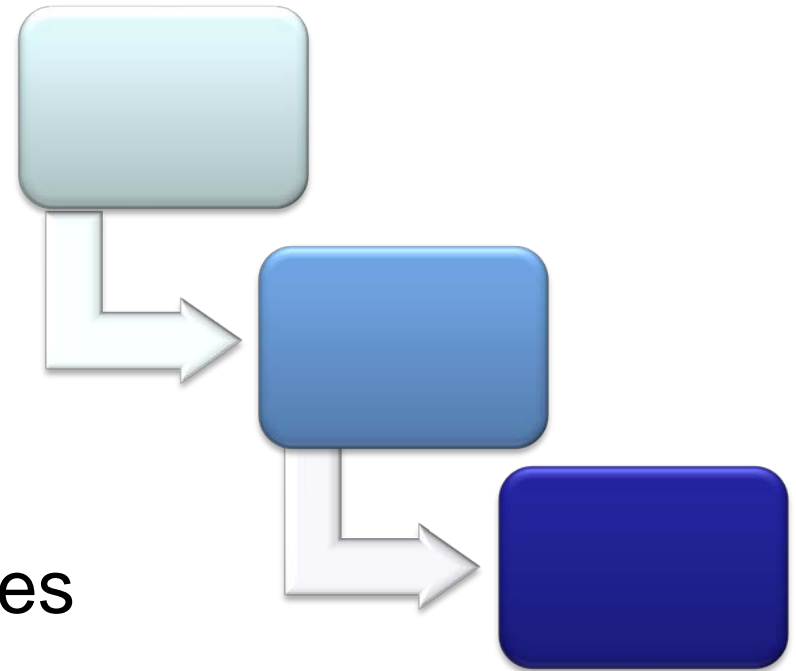
- Psychiatric nurse specialist/nurse practitioner or psychiatrist

- WHAT

- Focused psychiatric assessments
    - Psychiatric medication management
    - Brief cognitive/trauma interventions woven in
    - Crisis/suicide support
    - Just-in- time consultation to primary care providers

# Processes

- Ready Access
  - Warm Hand Offs
  - Referrals
- Support
- Location, location, location
- Health record documentation
- Emergency/High risk procedures



# The Second Leg: Preventing Cultural Clash

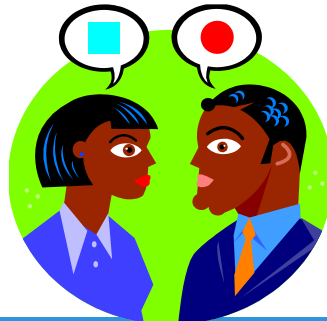
## MENTAL HEALTH



Caseload of clients  
Values confidentiality  
Independence  
Never interrupt  
Therapy  
“Sacred 50 min hour”  
Full evaluation before  
treatment  
Episodic

## PRIMARY CARE

Serve PCP panels  
Values collaboration  
Team  
Encourages interruptions  
Varied Roles  
Shorter appointments  
Develop full assessment  
as you go  
Ongoing, as needed



# The Third Leg: Sustainable Revenue

- Medicaid Fully Capitated Health Plan (medical)
  - E&M Codes
  - Health & Behavior Codes
- Medicaid Mental Health Plan (carve out)
  - “Mental Health” codes





# E & M Codes

- FCHP pays E & M codes 99212, 99213
- Operationally defined “primary care behavioral health”
  - Assessing, diagnosing, and treating mental illnesses that the primary care provider would be doing in the context of the primary care clinic if psychiatric provider was not there
  - Provided in same physical and temporal space of primary care



# E&M Codes: The Rationale

Untreated mental illnesses exacerbate medical conditions and increase the demand for primary care visits

Untreated mental illnesses increase utilization of emergency and other high-cost medical services, often without gaining resolution of the underlying problem(s)

Primary care providers treat these conditions regardless- they are in our panels



# E&M Advantages/Disadvantages

Similar charting requirements as PCP

Similar billing as PCP

No same day payment

No coverage of non-medical BH staff

Only brief interventions covered (99212, 99213)



# Health & Behavior Codes

- Psychological/mental health services to treat a MEDICAL diagnosis or condition
  - Relaxation training/imagery for hypertension
- Not education (such as teaching diabetics about diet)
- Code the MEDICAL diagnosis to the medical health plan (not mental health insurer)
- Medicare & some states have approved Medicaid
- Providers include nurses, psychologists, psych APRNs, licensed clinical social workers



# Advantages/Disadvantages



Appreciates the benefit “biopsychosocial services” has upon adherence to treatment and outcomes

Covers services by social workers, psychologists, APRNs

Do not need a mental illness diagnosis

Very broad definition of what services can be provided

No same day payment

Not approved by Medicaid in all states

Difficult to understand & correctly record

Requires PCP referral for an approved medical diagnosis

# Medicaid Mental Health Plan



- Services to diagnose and treat mental illnesses
- Different expectations
  - Credentialing/licensing
  - Auditing
  - Prior authorization procedures
  - Clinical record keeping
  - Supervision & review
  - Staffing requirements

# Advantages/Disadvantages



Can bill same day with PCP visit

Often pays for case management, counseling services not covered by FCHP

Often pays for wider variety of providers

Requires a license as behavioral health provider

Requires contracting with MHO

State may also have expectations (eg CPMS)

Different expectations by MHO



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# Thoughts & Questions?