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A Two-Way Street Behavioral Health and Primary Care Collaboration

Getting Well in My Mind and Body, Page 3

A New 'Home' for Persons with Serious Mental Illness, Page 6

Revised Four Quadrant Model, Page 10

From the Field: Making Whole Health Work, Page 24

Team Solutions: Psychoeducation Tools for Treatment Teams, Page 44



together
WE WILL!

EDITORIAL

- 2 Together We Will Save and Improve Lives
Linda Rosenberg

IN MY OWN WORDS

- 3 Getting Well in My Mind and Body
Cassandra McCallister

WASHINGTON UPDATE

- 4 Promoting Whole Health for the Mentally Ill
Charles Ingoglia

HEALTHCARE REFORM

- 6 A New 'Home' for Persons with Serious Mental Illness
Barbara Mauer

FRAMEWORK

- 10 National Council's Revised Four Quadrant Model

FINANCING

- 12 Financing Integrated Healthcare:
Working Creatively With Existing Opportunities
Kathleen Reynolds

PROJECT REPORT

- 14 Learning Collaboratives Enhance Population Health
Barbara Mauer, Laura Galbreath

ADDICTIONS UPDATE

- 18 Primary Care Screenings Connect Patients to Specialized Care
Alexa Eggleston

PEER SUPPORT

- 20 Consumers Take Charge of Wellness
Larry Fricks

STRAIGHT TALK

- 22 Life as an FQHC for a Behavioral Health Provider
Interview with Karl Wilson

FROM THE FIELD

- 24 Making Whole Health Work

WELLNESS

- 42 Physical Health Screenings for the Mentally Ill: Key Health Indicators
Joseph Parks, Alan Radke, Noel Mazade
- 44 Team Solutions: Psychoeducation Tools for Treatment Teams
Patricia Scheifler
- 46 Smoking Cessation Along the Road to Recovery
Chad Morris

TECH NOTES

- 50 Sharing Patients Requires Sharing Data
Mike Lardiere
- 54 EHRs Improve Care and Increase Revenue in Integrated Settings
Virna Little
- 56 Ensuring Patient Safety through Medication Management
Charles Klein

TIPS AND TOOLS

- 60 Resources for Healthcare Collaboration



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Editor-in-Chief: Meena Dayak

Specialty Editor, Healthcare Integration: Laura Galbreath

Editorial Associate: Nathan Sprenger

Editorial and advertising queries to
Communications@thenationalcouncil.org or
202.684.7457, ext. 240.

Financing Integrated Healthcare: Working Creatively With Existing Opportunities



Kathleen Reynolds, MSW, ACSW, Program Specialist, Integrated Health, National Council for Community Behavioral Healthcare

Financing is probably the most common perceived barrier in implementing integrated or collaborative healthcare. However, integrated healthcare is fundable in nearly every state right now! Even with the state by state difference in Medicaid programs, the complexity of Medicare billing, and uniqueness of healthcare coverage for those we serve, there are short term solutions that allow programming to proceed and services to be provided in integrated programs. In Medicaid fee-for-service and capitated states there are nearly a dozen ways to fund collaborative care and integrated healthcare initiatives.

shift that involves putting the consumers' and community's best interest first. Agencies and organizations are stewards of the public money. It is a behavioral healthcare organization's responsibility to make behavioral health resources available to the community as part of a package of services. This approach to financing integrated care results in creative, effective service packages that meet everyone's needs.

GENERATING THE WILL

In these difficult financial times it seems natural to hunker down and wait for things to improve. Now, more than ever is the time to be creative and to stretch healthcare resources to the maximum and assist consumers in their path to recovery. It may seem counter-intuitive but now may be when change is most possible and most effective. Now is the time to get the most creative financial minds together with the most conservative financial minds and hammer out exactly what is possible with the funding that is received. Partnering and collaboration are often keys to making money go further. This is particularly true in integrated care where shared resources improve consumer outcomes while enhancing the bottom line of all the partners.

ADVOCATING FOR STATE LEVEL MEDICAID CHANGES

Medicaid regulations are made state by state in this country. This is both a blessing and a curse. A blessing in that there is often more ability to influence state policy rather than federal policy and a curse because the same work has to be done 50 times! A number of states already allow for billing two services on one day. It is possible to get a copy of that policy work in one state and work with another state to implement it.

TIPS FOR FINANCING SERVICES RIGHT NOW

Two series of codes are already approved for commercial, Medicare and Medicaid billing: SBIRT (Screening, Brief Intervention, Referral and Treatment) and

Three fundamentals to successfully implementing financing strategies are

- > Think of the healthcare money in a community as a collaborative local resource.
- > Generate the will to make it work within existing funding mechanisms.
- > Be willing to advocate strongly with your state officials for the implementation of currently approved CPT codes for services provided in integrated settings.

THE COMMUNITY'S MONEY

A consistent barrier in financing integrated healthcare services is that organizations think of the funding in a siloed way. It's not uncommon to hear "this is my money" or "our money." With this old approach to financing, the outcomes often need to benefit the organization and sometimes even the individuals within an organization. Success with financing integrated care requires a paradigm

Improving the health status of those we serve requires all of us to come to the table and work within existing financing structures to find solutions rather than use financing as a way to delay discussions.

the Health and Behavior Assessment/Intervention (96150-96155). The Health and Behavior Assessment/Intervention codes can be used to bill a behavioral health service ancillary to a primary care diagnosis. This would include providing services regarding chronic care management such as diabetes care, cardiac support, and consulting and assistance with COPD management. SBIRT can be billed in the primary care setting for screening for substance use/abuse.

In Wisconsin, case/care management services are billable for primary settings working with individuals with a serious mental illness. In Michigan the Primary Care Association has negotiated a memorandum of understanding that allows for FQHCs to bill two services in one day (www.mpca.net). In states where two services rendered on one day by one provider are not billable, programs have found innovative ways to collaborate that allow both partners to bill, using two provider numbers to provide the services. The key here is creative, collaborative thinking that maximizes the current financing options. Improving the health status of those we serve requires all of us to come to the table and work within existing financing structures to find solutions rather than use financing as way to delay discussions.

In states where capitation is used, it often provides the flexibility for local decision-making regarding services and funding. Don't be afraid to expand thinking about creative ways to secure better outcomes by integrating staff into primary care setting to provide mental health services. Often, it requires no new approvals for mental health centers to provide community based services. In fee for service states, review the regulations and find any way you can to bill for services at a primary care site. You'll generate better health outcomes and support your organization's bottom line.

Kathleen Reynolds, MSW, ACSW is a nationally recognized expert in primary care and behavioral health collaboration. Ms. Reynolds is the former Executive Director of the Washtenaw Community Health Organization and an Adjunct Clinical Instructor in the University of Michigan Department of Psychiatry. The WCHO is an integrated health system that includes a community mental health services program, a substance abuse coordinating agency, and primary healthcare capitation dollars for Medicaid and indigent consumers. For the past seven years Reynolds' primary emphasis has been developing integrated health care models for Medicaid and indigent consumers. Reynolds has presented at numerous conferences and conventions on the innovative programming in Washtenaw County and is the author/co-author of several articles and has co-authored Raising the Bar: Moving Toward the Integration of Health Care, A Manual for Providers, a National Council publication.



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