

**Part 2:** Cooperative Agreement Application for Participation in the

2018 Integrated Behavioral Health Adult Cohort Learning Collaborative:

Treating Patients with Major Depressive Disorders in Primary Care

Due: **6 22 18 Send** to ctc-ri@ctc-ri.org

[**Original Participative Agreement**](https://www.ctc-ri.org/sites/default/files/uploads/documents/MDD/IBH%20Cohort%201%20Cooperative%20Agreement%20Major%20Depressive%20Disorder%20-%20final.docx)

**Part 2: Cohort 1 Practices Additional Participative Agreement Opportunities**

Background:

Cohort 1 IBH practices participated in the Major Depressive Disorder Learning Network Kickoff meeting on 4/12/18. Additional topics covered during the Learning Network meeting generated a high degree of interest in testing efforts to improve expansion of the integrated behavioral health model in primary care including:

 a) Development and Utilization of Consultation Psychiatric Services

 b) Development and Utilization of Behavioral Health Collaborative Care Model (CoCM).

Cohort 1 practices are invited to extend the March 2018 Major Depressive Disorder Participative Agreement to include participation in additional service options outlined below:

**Practices can select option a; Or option b; Or both Option a and Option b:**

1. **Option A: Improving Access to Psychiatric Consultation in Primary Care through development and execution of Consultation Psychiatric Services**

Patients and primary care team members can benefit from improved access to psychiatric consultation within the primary care setting particularly when patients experience more complex behavioral health conditions and face additional access to care barriers such as lack and cost of transportation, distance to service providers, ability to obtain a timely, convenient appointment and/or inability to obtain care based on health insurance coverage issues.

The AIMS Center describes the 5 Principles of Effective Integrated Health Care including Patient-Centered Team Care/Collaborative Care and provides implementation guidance through the Patient Centered Integrated Behavioral Health Care [Task Checklist](https://www.ctc-ri.org/sites/default/files/uploads/AIMS_BHI_Checklist.pdf). Practices working with the IBH content expert will use the AIMS Center principles of Effective Integrated Health care and Patient Centered Integrated Behavioral Health Care Tasks Checklist to identify areas of focus, improve patient centered /collaborative care performance and build workflows that incorporate these core components and tasks into the practice setting.

Primary care practices that implement psychiatric consultation for case load review with a consulting psychiatrist will additionally position themselves for greater sustainability by being able to use Collaborative Care Management for Behavioral Health (CoCM) services and billing codes.

Stipend and Expectations:

Practices selecting Option A: Participative Agreement expansion opportunity will be eligible to receive a stipend of $1,000 with $500 payable at signing of participative agreement by June 22, 1018 and $500 payable based on meeting Option A expectations by October 31, 2018. Practices would be expected to consult with the content expert, complete the AIMS Task checklist at the start and at the end of the initiative develop an AIM statement for Patient Centered Team Care/Collaborative Care to address clinical and cost outcomes for the targeted population and execute a contract/compact with a consulting psychiatrist that provides the primary care team with options as identified by the practice such as:

* Telephonic psychiatric consultation to primary care around specific clinical concerns;
* Streamlined access to the psychiatrist regarding available community resources;
* Coordination with integrated behavioral health clinician
* Education through “lunch and learn” and informal discussion
* Mutually developed criteria for transition to and from specialty care
* Access to specialty psychiatric care when needed
* Regular case load review for psychiatric consultation to review patient treatment plan and status with treatment adjustment when needed if practice provides patients with Behavioral Health Integration Collaborative Care Services (CoCM) billable under Medicare fee for service and participating health plans.
* Sharing of “best practice” within the larger CTC-RI primary care community
* Practices are encouraged to establish communication systems with the consulting psychiatric so that communication can occur within the same electronic health record, and with communication occurring at primary care office location as needed.

CTC-RI will support Cohort 1 practices in this effort by providing the practice with access to content expert Mary Jean Mork LCSW for a maximum of one hour of telephone consultation (for option a and b) from June 2018-October 2018.

Practices would be expected to:

* Schedule monthly telephone consultation with content expert Mary Jean Mork by June 29th
* Complete the AIM Task Checklist by 7/31/18;
* Submit an AIM work plan by 8/31/18;
* Submit an executed compact with consulting psychiatrist by 10/31/18;
* Submit AIM work plan with results and a post AIM check list by 10/31/18.

For sustainability, practices are encouraged to use this consultation service to additionally research and implement applicable billing codes and requirements.

Practice teams are expected to establish a consultation schedule by contacting Program Coordinator Celeste Green at GREENC3@mainehealth.org (207-662-4613) for Mary Jean Mork by June 29th, 2018.

Prior to the scheduled monthly telephone consultation services, practices are encouraged to email questions directly to Mary Jean Mork (MORK@mmc.org).

Practices may access resources: “[Access Community Health Centers Integrating Primacy Care Consulting Psychiatry Toolkit](https://www.ctc-ri.org/sites/default/files/uploads/powerpoint/Access%20Integrated%20Primary%20Care%20Consulting%20Psychiatry%20Toolkit.pdf)” and “[Psychiatry and Primary Care Partnership-A Guide to Patient Flow” (Draft)](https://www.ctc-ri.org/sites/default/files/uploads/powerpoint/Guide%20to%20patient%20flow%20from%20psychiatry%20to%20primary%20care%20Maine%20Behavioral%20Healthcare%20draft.docx).

b**. Option B: Submission of a Program Description to Blue Cross and Blue Shield of Rhode Island (****Behavioralhealth@bcbsri.org****) to participate in Collaborative Care Management Services for** [**Behavioral Health inclusive of BCBSRI policy requirements**](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BehavioralHealthIntegration.pdf) **(2/07/2017))**

Effective in 2017, both Medicare and Blue Cross and Blue Shield of Rhode Island provided payment guidelines for services provided by primary care providers for care management with integrated behavioral health services through the Collaborative Care Model (CoCM). CoCM is a model of behavioral health integration that enhances “usual” primary care by adding two key services: care management support for patients receiving behavioral health treatment; and regular psychiatric inter-specialty consultation to the primary care team, particularly regarding patients whose conditions are not improving. Medicare fee for service and BCBSRI (with an approved program description) make separate payments to physician and non-physician practitioners for BHI services that they furnish to patients over a calendar month service period. It is anticipated that practices that develop Collaborative Care Management Services program descriptions using Medicare and commercial insurance guidelines will position themselves for delivering accountable care that is based on improving quality of care, clinical outcomes and sustainability while the IBH value based alternative payment model is under development.

Stipend and Expectations:

Practices selecting Option B: Participative Agreement expansion opportunity would be eligible to receive a stipend of $1,000 with $500 payable at signing of participative agreement by June 22, 2018 and $500 payable based on meeting expectations by October 31, 2018. Practices would be expected to submit to CTC-RI and to BCBSRI (Behavioralhealth@bcbsri.org ) a Program Description for Collaborative Care Management for Behavioral Health. Practices are expected to include in the Program Description elements that support adherence to the CMS Guidelines:

* Job description for the behavioral health care manager (including social work, nursing or psychology) demonstrating a collaborative integrated relationship with the rest of team members with formalized training or specialized education in behavioral health and working under the oversight and direction of the billing practitioner;
* Plan for identification, outreach and engagement of patients directed by a primary care provider;
* Initial assessment, including administration of validated scales and resulting in a treatment plan;
* Evidence of a compact/contract with a consulting psychiatrist;
* Written workflow documenting:
* Psychiatrist consultation/referral process;
* Evidence based treatment interventions to be used in working with patients (i.e. behavioral activation, problem solving treatments, other focused treatment activities);
* Plans for ongoing collaboration and coordination with PCP and any other treating providers;
* Relapse prevention planning and preparation for discharge from active treatment
* Demonstrated use of a registry for tracking patient follow up and progress;
* Evidence of plan for weekly caseload review with psychiatric consultation;
* Evidence of plan for monitoring patient outcomes using validated scales.
* Cover letter that includes the billing provider information and the billing provider number and National Provider Identification;
* Sharing of “best practice” within the larger CTC-RI primary care community.

CTC-RI will support Cohort 1 practices in this effort by providing the practice with access to content expert Mary Jean Mork LCSW for a maximum one hour of telephone consultation (for option a and option b) from June 2018-October 2018.

For sustainability, practices are encouraged to use this consultation service to additionally research and implement applicable billing codes and requirements.

Practice team is expected to establish a consultation schedule by contacting Program Coordinator Celeste Green GREENC3@mainehealth.org (207-662-4613) for scheduling time with Mary Jean Mork by June 29th, 2018.

Prior to the scheduled monthly telephone consultation services, practices are encouraged to email questions directly to Mary Jean Mork (MORK@mmc.org).

Practices may access resources: CMS MLM Fact Sheet “[Behavioral Health Integration Services](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BehavioralHealthIntegration.pdf)” (which also includes links to additional resources).

Part 2 of Participative Agreement is due back to CTC-RI b CTC-RI@ctc-ri.org **by June 22, 2018.**

* Practice is interested in participating in Option A Only: Improving Access to Psychiatric Consultation in Primary Care through development of Consultation Psychiatric Services (eligible for $1,000 payment)
* Practice is interested in participating in Option B Only: Submission of a Program Description to Blue Cross and Blue Shield of Rhode Island (Behavioralhealth@bcbsri.org) to participate in Collaborative Care management Services for [Behavioral Health inclusive of BCBSRI policy requirements](https://www.ctc-ri.org/sites/default/files/uploads/powerpoint/Collaborative_Care_Management_Behavioral_Health.pdf) (2/07/2017). (Eligible for $1,000 payment)
* Practice is interested in participating in Option A and Option B (with a combined stipend of Option A + Option B for total of $2000).

Care Transformation Collaborative of RI Primary Care Practice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Debra Hurwitz MBA RN Signature of Authorized Staff

Executive Director