

**Call for Applications:**

**Integrated Behavioral Health (IBH) Learning Collaborative**

**With a focus on NCQA Behavioral Health Distinction in Primary Care and Virtual IBH**

**Care Transformation Collaborative of Rhode Island (CTC-RI)/ Patient Centered Medical Home (PCMH) Kids is pleased to offer up to 15 primary care practices (child, family, and/ or adult) that provide behavioral health services within primary care the opportunity to apply for funding that will assist practices with providing integrated behavioral health services virtually to the highest level of fidelity and with achieving/maintaining NCQA Behavioral Health Distinction. Outlined below is the Tele-IBH / NCQA Behavioral Health Distinction “Call for Applications” which has been funded by UnitedHealthcare.**

**Vision of CTC-RI and PCMH-Kids**

Rhode Islanders enjoy excellent health and quality of life, and children and youth will grow up healthy to reach their optimal potential. All children and youth in RI will be cared for in high quality, family and patient centered, medical homes.

**Mission of CTC-RI** **and PCMH-Kids**

To lead the transformation of primary care in Rhode Island in the context of an integrated health care system.

To engage providers, payers, patients, care-givers, purchasers, and policy makers in the development of high quality, family and patient-centered medical homes for adults, children and youth, and provide health care in an affordable, integrated healthcare system that promotes active participation, wellness, and delivers high quality comprehensive health care dedicated to data-driven system improvement. PCMH’s for children will be cost effective and sustainably resourced.

**CTC STRATEGIC AND PROGRAM GOAL**

To continue to lead the transformation of primary care in Rhode Island in the context of an integrated health care system by shifting CTC program focus to include shared innovation and incubation and public education efforts that advance the quadruple aim.

The goal of this program is to provide primary care practices and those they serve with primary and secondary prevention models and access to high-quality, affordable, on-site (or virtual) licensed behavioral health clinicians which will include the development, implementation and evaluation of best practices for integrated telehealth models and practice assistance in preparing to apply for NCQA Behavioral Health Distinction.

**BACKGROUND**

With the impact of the COVID pandemic significantly altering the operation and delivery of primary care in Rhode Island, integrated behavioral health has experienced a different but equally challenging dilemma. Behavioral health has traditionally been able to be offered through a variety of virtual approaches, but integrated behavioral health has been defined through best practices as physically embedded within primary care at the highest standard along the continuum of options. As primary care practices have transitioned to telehealth rapidly in light of COVID, integrated behavioral telehealth has been left without similar guidance and focus.

Over the last year, OHIC has revised and updated the Affordability Standards around IBH. Beginning in 2021, OHIC will implement new pathways for IBH within the state of Rhode Island. These important pathways will support the use of best practices and gold standards in the delivery of IBH services. In order for a practice to earn the designation of a Qualifying Integrated Behavioral Health Primary Care Practice, it must achieve NCQA BH Distinction within 3 years.

The CTC -Integrated Behavioral Health Learning Collaborative is designed to assist practices transition to providing integrated behavioral health either on-site (or virtually) and demonstrate NCQA Behavioral Health distinction competencies. It is expected that participating practices that implement an evidenced based and systematic approach to virtual IBH will improve access to care, patient experience, team experience, clinical outcomes and position the practice for success in the value based comprehensive primary care payment model. This IBH Readiness Learning Collaborative includes real-time consultation around behavioral health issues that arise in patients who are served by primary care.

CTC seeks to establish a 12-month funding opportunity that provides IBH practice facilitation to a total of 15 primary care practices (pediatric, family or adult medicine). There will be two IBH program cohorts with staggered start dates that will be eligible for one year of funding to support IBH efforts (based on each site’s preferred start date below).

Cohort 1: March 1, 2021 - February 28, 2022

Cohort 2: May 1, 2021 - April 30, 2022

**PROGRAM OBJECTIVES:**

* Engage 15 practice sites in monthly individualized virtual practice facilitation focused on topics critical to IBH telemedicine and NCQA BH Distinction readiness. Topics can include but are not limited to: ethics and confidentiality within a virtual IBH model, adaptation of critical IBH elements when providing IBH telemedicine, and methods for maintaining the primary care collaboration needed for successful IBH in both a virtual pandemic environment, as well as transitioning to a post-pandemic in-person environment. Topics noted are examples and may not be those most relevant to your practice, but will be adapted to your individual practice needs.
* Participate in learning collaborative meetings to share successes and barriers and bring in content expert(s) to support collaborative learning in the areas of ethics and confidentiality within a telehealth IBH model, and other best practices.
* Demonstrate competency in applying a telehealth model to integrated behavioral health as measured by a survey provided by CTC.
* Prepare to apply for behavioral health distinction through NCQA by end of 12-month engagement with CTC.

**BENEFITS TO SELECTED PRACTICES:**

Selected practices would have access to and participate in customized IBH practice facilitation services (provided virtually) and webinar training (as needed) to assist them in a) developing, implementing and evaluating an integrated telehealth model serving pediatric and adult patients within primary care settings, and b) successfully achieving/maintaining NCQA Behavioral Health Distinction.

* Benefits of Behavioral Distinction, per NCQA
  + **Stand out.** Demonstrate to patients, payers and partners that your practice has the right resources, evidence-based protocols, standardized tools and quality measures in the primary care setting to support the needs of patients.
  + **Improve outcomes.** Distinction results in an enhanced level of care and improved access, clinical outcomes and patient experience.
  + **Deliver whole-person care.** Distinction helps practices provide comprehensive care that acknowledges patients’ behavioral health needs beyond the core requirements of NCQA PCMH Recognition
  + Per OHIC Affordability Standards practices that achieve NCQA BH distinction and waive co-pay for same day BH visits.
* The Distinction in Behavioral Health Integration module includes **18 criteria across 4 competencies** related to behavioral health integration:
  + **Behavioral Health Workforce** - The practice incorporates behavioral health providers at the site, utilizes behavioral health providers outside the practice and trains the care team to address patients’ mental health and substance use concerns.
  + **Information Sharing** - The practice shares patient information within and outside of the practice to support an integrated/coordinated patient treatment plan.
  + **Evidence-Based Care** - The practice uses evidence-based protocols to identify and address patients’ behavioral health needs.
  + **Measuring and Monitoring** - The practice utilizes quality measures to monitor the care of patients with behavioral health needs.

**FUNDING AND PAYMENT TIMELINE**:

Selected practices will be eligible to receive up to $10,000 infrastructure/incentive financial payments during the funding period as outlined below:

* $5,000 with execution of the Participative Agreement, team completion of the NCQA BH Distinction Self-Assessment, team participation in the Orientation meeting and team participation in the first practice facilitation meeting;
* $2,500 at the completion of the learning collaborative when all deliverables/outcomes have been achieved.
* $2,500 for applying for NCQA Behavioral Health Distinction or the renewal of NCQA Behavioral Health Distinction if initial designation has already been achieved. Exceptions will be considered if a practice is not ready to apply for NCQA Behavioral Health Distinction based on extenuating circumstances, a work plan and timeline outlining the steps the practice needs to take to prepare for NCQA Behavioral Health Distinction can suffice.

**PREREQUISITES:**

1. Current NCQA Patient Centered Medical Home recognition;
2. Primary care practices must, at minimum, have an Integrated Behavioral Health clinician, defined as either a psychologist, social worker, mental health counselor and/or a psychiatrist, embedded within the primary care practice, as either part or full-time, prior to the beginning of the cohort chosen;

**PRACTICE REQUIREMENTS:**

* Pre-schedule and attend\* monthly virtual IBH practice facilitation with membership to include practice leadership, physician/clinical champion, nurse care manager (within 30 days of award notification);
* Commit to and participate in virtual / in person learning collaborative meetings;
* Submit an AIM statement and performance improvement (PI) plan for addressing a need identified in the Telehealth self-assessment and/or NCQA self-assessment and submit an updated performance improvement plan, reporting out on progress, challenges and outcomes;
* Apply for NCQA Behavioral Health Distinction (or demonstrate Annual Renewal of BH Distinction) within the 12 month CTC engagement period; If a practice is not ready to apply for NCQA Behavioral Health Distinction, a work plan outlining the steps with timeline the practice needs to take to prepare for NCQA Behavioral Health Distinction can suffice.
* Complete NCQA BH Distinction Self-Assessment at baseline (prior to first practice facilitation meeting, see Appendix B for Word version, more information with electronic access to come) and then at completion of the one-year initiative.
* Complete [Tele-IBH Self-Assessment Readiness Tool](https://www.surveymonkey.com/r/IBHTelehealthPreassessment) at baseline (prior to beginning of the funding and submitted with application materials) and then at completion of the one year initiative.

***\**** *with change in circumstances, practices would be expected to re-schedule monthly meetings in order to maintain focus on meeting program objectives within the same month.*

**Timeline for Selection Process:**

|  |  |  |
| --- | --- | --- |
| **Step** | **Activity** | **Date** |
|  | Call for Applications released | 1/11/21 |
| 2. | Conference call with interested parties to answer any questions. If unable to attend, please submit questions to [CTCIBH@ctc-ri.org](mailto:CTCIBH@ctc-ri.org)  Zoom meeting information:  <https://ctc-ri.zoom.us/j/95924498814?pwd=SklTUUd4UjVZNjlaS0JpYzhpTTdUQT09>  Meeting ID: 959 2449 8814 Passcode: 646876 | 1/15/21 at 8am EST |
| **3.** | **Practices submit completed application package- electronically to: CTCIBH@ctc-ri.org**  **Please include application checklist.** | **1/29/21 by 5pm EST** |
| 4 | A Selection Committee will review applications and select practices | 2/5/21 |
| 5 | Notification will be sent to practices that have been chosen | 2/19/21 by 5pm EST |
| 6 | Orientation for all selected practices (both Cohort 1 and Cohort 2) | 3/5/21 at 9am EST |

**For questions contact:**

Sarah Summers, Project Coordinator

[ssummers@ctc-ri.org](mailto:ssummers@ctc-ri.org)

**Application Package Submission Checklist**

**Tele-IBH/NCQA Behavioral Health Distinction application:**

**practices submit application by 1/29/21 5pm EST**

|  |  |
| --- | --- |
| **Check if complete** | **Item** |
| Final Package for Submission | |
|  | Cover [letter indicating the practice’s commitment](https://www.ctc-ri.org/sites/default/files/uploads/Sample%20IBH%20practice%20letter%20of%20support.docx) and acceptance of the conditions stated in the application, **signed by all members of the IBH implementation team in the practice.** If practice is unable to obtain signatures, practice can write-in name/signature with the understanding that the practice is responsible for conferring with the individual and assuring the person’s intention to participate. (See Appendix C for Word version) |
|  | If applicable, a system of care (i.e. accountable care organization or accountable entity)[Letter of Support](https://www.ctc-ri.org/sites/default/files/uploads/SOC%20letter%20of%20support%20IBH_0.docx)  indicating the level of support provided for this initiative. (See Appendix D for Word version) |
|  | Team completion and submission of Tele-IBH Self-Assessment Tool with application **(one per site needed only – please designate one response per site).** Please complete and submit via survey monkey: <https://www.surveymonkey.com/r/IBHTelehealthPreAssessment>  (Please see Appendix A for Word version) |
|  | Application Form, filled out completely and submitted via survey monkey: <https://www.surveymonkey.com/r/IBHTelehealth> |

**Completed application packages – including completed checklist - should be received by 5:00 PM on 1.29.21**

**Email practice commitment and SOC letter of support to: CTCIBH@ctc-ri.org**

**For questions, contact:**

Sarah Summers, Project Coordinator

[ssummers@ctc-ri.org](mailto:ssummers@ctc-ri.org)

**Application for Tele-IBH / NCQA Behavioral Health Pilot Program**

**Practice Information**

Practice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Zip \_\_\_\_\_\_

Phone: \_\_\_-\_\_\_-\_\_\_\_

Practice Tax ID Number (TIN): \_\_\_\_\_\_\_\_\_

Type of Practice (e.g. Adult, Family, FQHC, Pediatric, Hospital-Based Clinic) \_\_\_\_\_\_\_\_\_\_

Multisite practice: Yes/No\_\_\_\_

(If yes) Identify other practice sites:

|  |  |  |
| --- | --- | --- |
| **Practice** | **Location** | **Patient panel size** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Provider Champion Contact (if multiple sites applying, please list each provider champion contact separately per site)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Name: \_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Name: \_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Name: \_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Name: \_\_\_\_\_\_\_\_\_\_

Practice Leader who will be responsible for project implementation: (if multiple sites applying, please list each practice leader contact separately per site)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_-\_\_\_\_-\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Name: \_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_-\_\_\_\_-\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Name: \_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_-\_\_\_\_-\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Name: \_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_-\_\_\_\_-\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Name: \_\_\_\_\_\_\_\_\_\_

Is your practice part of a system of care? If yes: indicate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide an executed System of Care Letter of Support indicating how the system of care will provide support ([see sample letter of support](https://www.ctc-ri.org/sites/default/files/uploads/SOC%20letter%20of%20support%20Pediatric%20IBH.docx)).

**Application**

**Prerequisites:**

1. Does your practice currently have PCMH NCQA Certification? Yes/no

Year issued: \_\_\_\_\_\_\_\_ Expiration date: \_\_\_\_\_\_;

2. Does your practice currently employ or contract with a BH staff member(s)? Yes/No\_\_\_\_\_\_\_

If yes, please complete chart below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | # of people | Hours per week | Contract or employee | Co-located or integrated |
| Psychologist |  |  |  |  |
| LICSW |  |  |  |  |
| LCSW |  |  |  |  |
| Nurse Practitioner (Psychiatric) |  |  |  |  |
| Psychiatrist |  |  |  |  |
| Other (LMHC, LMFT) |  |  |  |  |

**Additional Questions**

Please indicate which cohort you are interested in applying to:

a. Cohort 1: March 1, 2021 – February 28, 2022

b. Cohort 2: May 1, 2021 –April 30, 2022

c. No Preference

Please indicate if you have completed a CTC/PCMH Kids contract Yes\_\_ (year completed\_\_\_\_\_ ) No\_\_\_

Please indicate if you have participated in a CTC/PCMH Kids learning collaborative Yes\_\_\_ No\_\_\_

If yes, what program(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** | **Comment** |
| Can the practice agree to monthly virtual IBH consultation over 12 months with a minimum of physician/clinical IBH champion, nurse care manager, IBH provider, administrative/operational liaison, and IT professional present? |  |  |  |  |
| Can the practice commit to monthly team meetings separate from the IBH consultation meetings to follow through with recommendations made by consultant and engage all team members? |  |  |  |  |
| Does the practice already have NCQA Behavioral Health Distinction? |  |  |  |  |
| Does the practice currently have a HIPAA compliant telehealth platform for IBH? |  |  |  |  |
| Does the practice’s behavioral health clinician document in the medical record of the practice? |  |  |  |  |
| Does that practice have full spectrum integration of primary care and behavioral health currently? Full spectrum integration is in practice able to be logistically qualified as having an IBH clinician employed by the practice who documents in the E-H-R, has an exam room where he/she is able to see patients in-person/virtually that is, engages in warm hand-offs and huddles with primary care teams, and conducts 30 minute visits which are short-term and evidence based. |  |  |  |  |
| Does the practice have a data team or person that can assist with extracting data from the E-H-R around IBH? |  |  |  |  |

**Essay Questions**

**Essay Question 1:** Please describe your organizations (or System of Care) commitment to integrated behavioral health. (word limit 150)

**Essay Question 2:** What benefit are you hoping to achieve in your participation in this program? (word limit 150)

**CTC-RI Selection Committee Policy and Procedure (2021-22)**

We anticipate that we may have more applications than available slots, therefore it is critical that applications for participation in CTC-RI Tele-IBH / NCQA Behavioral Health Pilot Program be reviewed and scored in an objective, fair, and transparent manner. The following reflects CTC’s policy and procedure for application review:

**Conflict of interest:**

Reviewers must disclose any potential conflict of interest related to a specific applicant. A conflict of interest is defined as a real or potential monetary benefit or having an organizational affiliation with the applicant. The Selection Committee will discuss the potential conflicts of interest and make a determination of whether a conflict of interest exists. If so, the reviewer must recuse themselves from the review of that application.

**Selection Committee Group Process for Review of Total Scores:**   
The Selection Committee will convene when a primary and secondary reviewer will present and discuss the rationale for scoring. The group will then discuss the ratings to reach consensus on application scoring. Final scores will be entered into a spread sheet, totaled and divided by the number of scores to reach a mean score for each criterion and an overall total score for the application. Once this process has been completed for all applications, the applications will be rank-ordered by anticipated developmental stage. *The Selection Committee reserves the right to interview applicants if further review is warranted.*

**Review Criteria:**   
Each application will be scored based on the completed responses received. Scores will be submitted to CTC Management by February 5, 2021. CTC Management will compile all scores into one table per application with a total number of points. The maximum number of points is 23. Applications will be rank-ordered by anticipated developmental stage.

We anticipate that we will select up to 15 practice sites. These practices will enter CTC in either Cohort 1 or Cohort 2, based on their preference.

In the event of a tie, the following criteria will be used:

1. Completion of application-submitted on time and complete;
2. Diversity in patient demographics; and/or
3. Previous experience with IBH model.

**Reviewer Scoring Notes**

1. # of Patients: A total of 3 points are available. Assign 0 points for practices with fewer than 2500 patients; assign 1 point if 2501-3000 patients; 2 points if 3001-5000 patients; and 3 points if greater than 5000 patients.
2. Essay Questions: A total of 10 points is possible for each question. 2 points if question answered; an additional 2-3 points if response demonstrated organizational interest/commitment and moderate degree of readiness; additional 4-5 points for above average response suggesting that the practice has high degree of readiness, has begun transformation work and is making progress towards IBH transformation.

***Appendix A: Tele-IBH Self-Assessment***

Please answer these 15 self-assessment questions from the current perspective of your practice. The answers to these questions do not impact the selection process. We’re looking for an honest pre-assessment of your telehealth services. This survey will be given again at the end of the program to assess progress.

1. The practice has policies and procedures about when and why to use telehealth for IBH

*Does not exist (1) Minimally developed (2) Partially established but not a standard (3)*

*Fully developed/implemented (4)*

1. The Practice has put policies and procedures into place that allow access to tele-IBH for patients with disabilities and other access challenges (e.g. patients without computers or poor internet connections)

*Does not exist (1) Minimally developed (2) Partially established but not a standard (3)*

*Fully developed/implemented (4)*

1. Practice has a process for assessing patient readiness and providing necessary patient education regarding tele-IBH

*Does not exist (1) Minimally developed (2) Partially established but not a standard (3)*

*Fully developed/implemented (4)*

1. *Practice solicit patient experience feedback on tele-IBH services*

*Does not exist (1) Minimally developed (2) Partially established but not a standard (3)*

*Fully developed/implemented (4)*

1. The practice/clinicians understand federal/state requirements/standards for the practice of tele-IBH and the practice has mechanisms in place to ensure standards are met

*Does not exist (1) Minimally developed (2) Partially established but not a standard (3)*

*Fully developed/implemented (4)*

1. The practice has mechanisms in place to ensure appropriate patient privacy for tele-IBH (e.g. HIPAA-compliant platform, protocols for ensuring privacy in patient’s home, etc.)

*Does not exist (1) Minimally developed (2) Partially established but not a standard (3)*

*Fully developed/implemented (4)*

1. The practice has a procedure for obtaining informed consent for tele-IBH

*Does not exist (1) Minimally developed (2) Partially established but not a standard (3)*

*Fully developed/implemented (4)*

1. The practice staff/providers have sufficient knowledge of how to use the technology as it relates to tele-IBH

*Does not exist (1) Minimally developed (2) Partially established but not a standard (3)*

*Fully developed/implemented (4)*

1. The practice has all the equipment needed to conduct tele-IBH efficiently/effectively

*Does not exist (1) Minimally developed (2) Partially established but not a standard (3)*

*Fully developed/implemented (4)*

1. The IBH clinician conducts brief assessments, brief interventions, and psychoeducation using telehealth

*Does not do (1) Does minimally (2) Sometimes (3) Frequently (4)*

1. The providers conduct warm hand-offs to the IBH clinician using telehealth

*Does not do (1) Does minimally (2) Sometimes (3) Frequently (4)*

1. The IBH clinician can document in the EHR while conducting a tele-IBH session

*Does not do (1) Does minimally (2) Sometimes (3) Frequently (4)*

1. The practice has created a process for collecting annual BH screening information for patients who are only being seen via telehealth

*Does not exist (1) Minimally developed (2) Partially established but not a standard (3)*

*Fully developed/implemented (4)*

1. The practice can collect data to track tele-IBH visits (e.g. visit type, provider, WHO)

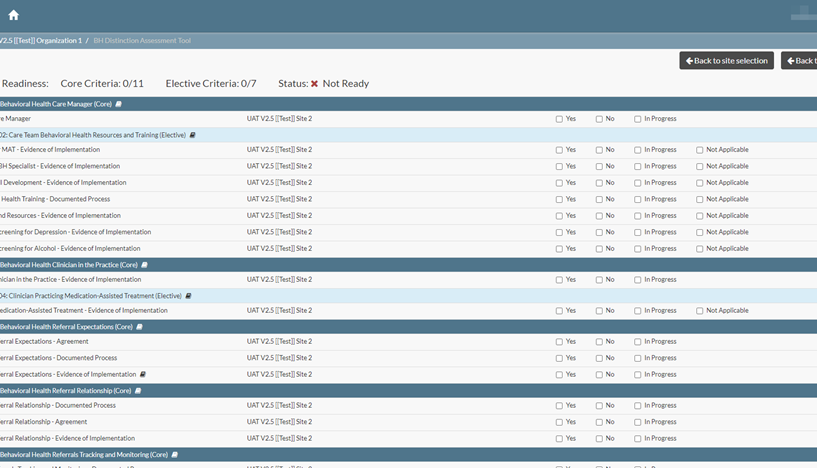
*Does not exist (1) Minimally developed (2) Partially established but not a standard (3)*

*Fully developed/implemented (4)*

1. The practice is utilizing relevant billing codes/modifiers to maximize revenue for tele-IBH (e.g. CR modifier)

*Does not do (1) Does minimally (2) Sometimes (3) Frequently (4)*

***Appendix B: NCQA Behavioral Health Self-Assessment***

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***Appendix C: Sample Practice Participation Agreement Cover Letter***

Letter to include: practice name, practice address, physician champion, practice leadership person, application key contact name of person responsible for project implementation, email address, and phone. If a multi-site practice, indicate physician champion and IBH practice team at each site. Letter is to be signed by all members of the IBH implementation team

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To Care Transformation Collaborative of Rhode Island/PCMH Kids:

Please accept the following practice participation agreement cover letter to apply for the 2021 CTC-RI/PCMH Kids Integrated Behavioral Health Learning Collaborative on behalf of \_\_\_\_ (practice name) \_\_\_\_\_\_\_\_\_. (Note: if more than one practice site is applying, information is needed for each practice site).

**Practice Name/Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IBH implementation team** including behavioral health clinician, Nurse Care Manager, providers, practice manager, billing manager, IT support person, as applicable:

|  |  |  |
| --- | --- | --- |
| **Position** | **Name** | **Email** |
| Key contact person responsible for project implementation |  |  |
| Provider Champion |  |  |
| Behavioral Health clinician |  |  |
| Nurse Care Manager |  |  |
| Practice Manager |  |  |
| IT support person |  |  |
| Billing manager |  |  |

**Phone number of provider champion** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](mailto:Barringtonfamilymed@gmail.com)

**Phone number of key contact person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person completing practice letter of support:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate if practice site is applying as a single site\_\_\_\_ or multi-site \_\_\_

If other practice sites that are applying, please include above information for each of the practice sites:

Letter signed by all the members of the IBH practice team:

***Appendix D: Sample System of Care Support Letter***

To: CTC-RI (CTC-ri@ctc-ri.org)

From: System of Care \_\_\_\_\_\_\_\_\_\_

RE: Practice participation in CTC-RI/PCMH Kids Integrated Behavioral Health (IBH) Learning Collaborative

Date:

[Practice name and site] is a member of our System of Care. The practice is interested in participating in the CTC-RI & PCMH Kids Integrated Behavioral Health Learning Collaborative. We believe that this practice would benefit from participation in this IBH Learning Collaborative opportunity and as a system of care, are willing to provide the management support to assist the practice with making this transformation.

As a system of care, we will provide the practice with support for (check all that apply):

* Practice’s preparation and application for NCQA Behavioral Health Distinction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Practice reporting for selected quality improvement plan, identified by the practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* IT assistance, identified by the practice, to assist implementing telehealth technology to support Integrated Behavioral Health: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Assistance from practice management/billing department to code and bill for tele-IBH services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Meeting with the IBH trained practice facilitator during the startup phase: monthly for the first three months on a regular basis based on area of focus and thereafter as needed to provide system of care implementation status reports: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our system of care will collaborate and communicate with CTC-RI IBH practice facilitator to ensure that working together the Service Delivery Requirements are met within designated timeframes.

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Signature of SOC Representative Date Signature of Primary Care Practice Date

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Position Position

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