CHC BEHAVIORAL HEALTH COORDINATION

Basics across all CHC Managed Care Organizations

How a Behavioral Health need is identified in Community HealthChoices (CHC)

- During routine assessments
- Participant outreach
- Contact by a caregiver, provider, or support
- Contact by another Managed Care Organization (MCO)

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Assessments

- Behavioral Health Items
- Include: depression, anxiety, psychosis, irritability, cognition, substance use, memory, sleep, isolation
- Participants asked if interested in Behavioral Health services.
- Case referred to Behavioral Health staff

Behavioral Health Benefits

CHC MCOs do not manage Behavioral Health benefits

Inpatient and Outpatient

- Primary: Medicare
- Secondary: Medicaid
- Exceptions: Medicaid is primary for the 5% of participants who have no Medicare nor a private insurance.
- Service examples: psychiatric hospital, outpatient therapist, outpatient psychiatrist

Specialized Services

- Medicaid is primary
- Service examples:
  - Peer Support
  - Targeted Case Management
  - Mobile Mental Health
  - Psychiatric Rehab
  - Assertive Community Treatment (ACT)
  - Crisis services

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CHC/MCO BH coordination

Participants' Behavioral Health is covered by one of each

Medicare

- Traditional Medicare: fee-for-service
- Dual Eligible Special Needs Plan (D-SNPs)

UPMC for Life

PHW (Wellcare)

Aetna

Bravo (Cigna)

Highmark Wholecare

Geisinger

Health Partners Plans

Humana

UnitedHealthCare

AmeriHealth Caritas/Keystone

- Medicare Advantage Plans

Medicaid

Behavioral Health Managed Care Organization (BH-MCO)

- CCBH
- Beacon
- Magellan
- PerformCare
- CBH

CHC/MCO Coordination

- Service Coordinators work with CHC Behavioral Health Coordinators to:
  - Engage designated contacts at BH-MCOs and D-SNPs.
  - Research MCO provider lists.
  - Monitor daily inpatient admission electronic exchange.
- CHC Behavioral Health team coordinates regular meetings with BH-MCOs.

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Meetings with BHMCOs

- Routine meetings
- Quarterly CHC partnership meetings
- Joint Medicaid Physical Health MCO and BH-MCO meetings by zone
- Trainings
- Joint meetings with providers and agencies

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Consideration of Key Points

- Behavioral Health services are voluntary.
- Providers may refuse a referral or may not have immediate availability.
- Neurology: Dementia and brain injury might require treatment and support other than Behavioral Health.
- Behavioral Health coordination with MCOs and providers is based on participant consent. Coordination about substance use requires a separate, explicit consent.
- It’s normal: 25% of US adults have had a Behavioral Health issue in their lifetime.

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Behavioral Health residential settings

- CHC is a model intended to allow participants to reside in the community.
- These settings are not available in every county.
- If a setting does not meet independent living criteria, CHC participant may not receive HCBS.
- These settings are not designed to handle acute physical and functional needs.

Treatment settings	Community settings
Funded by BHMCOs Not permanent; meant to stabilize acute symptoms and return to community Examples: • Extended Acute Care • Residential Treatment (RTF-A) • Project Transition • Substance use rehab • Substance use halfway house	County funded. Typical long wait lists. Meant to offer a person a chance to slowly integrate into the community with some support. Examples, from most to least restrictive: • Long Term Structured Residence (LTSR) - locked • Community Residential (CRR a.k.a. group home) • Behavioral Health Housing (apartments)

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Questions?

Thank you for attending!