

Mental Health Services-How to Navigate and Access

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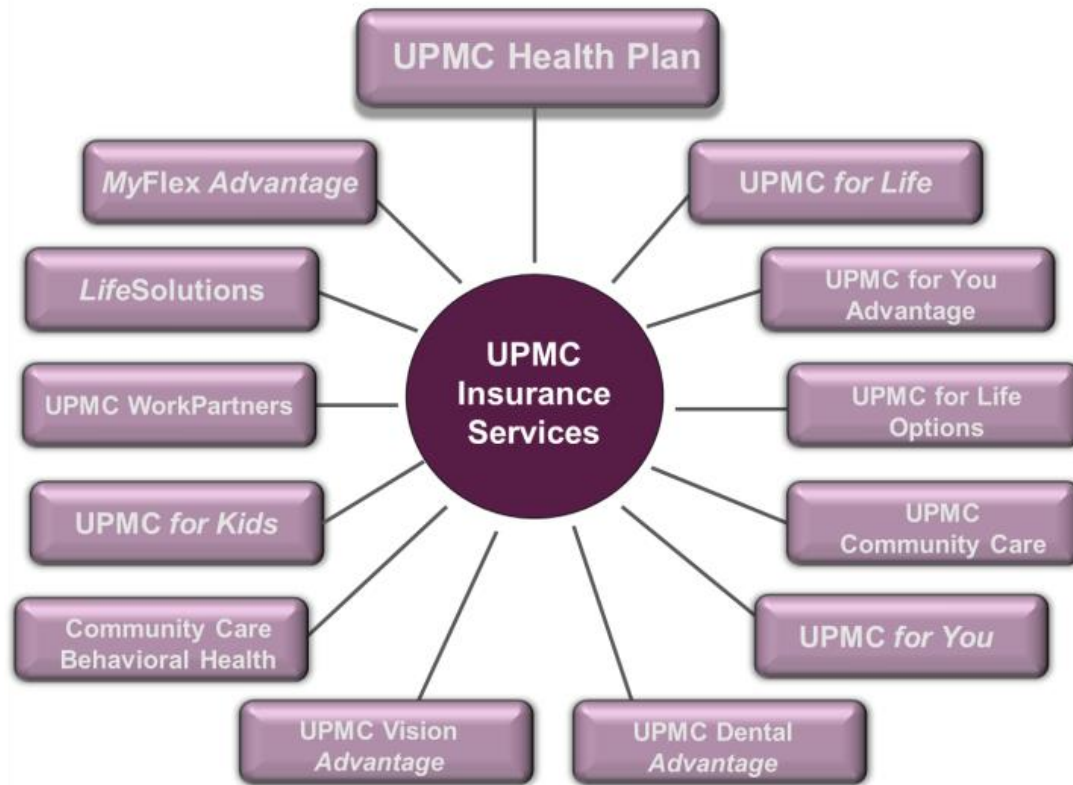
August 5, 2021

Educational Objectives

- Overview of Community Care
- Overview of the Behavioral HealthChoices program and services available
- How to coordinate and collaborate with Community Care

About Community Care Behavioral Health

UPMC Insurance Division



Community Care Behavioral Health

Incorporated in 1996 to support BH HealthChoices

Part of the UPMC Insurance Services Division

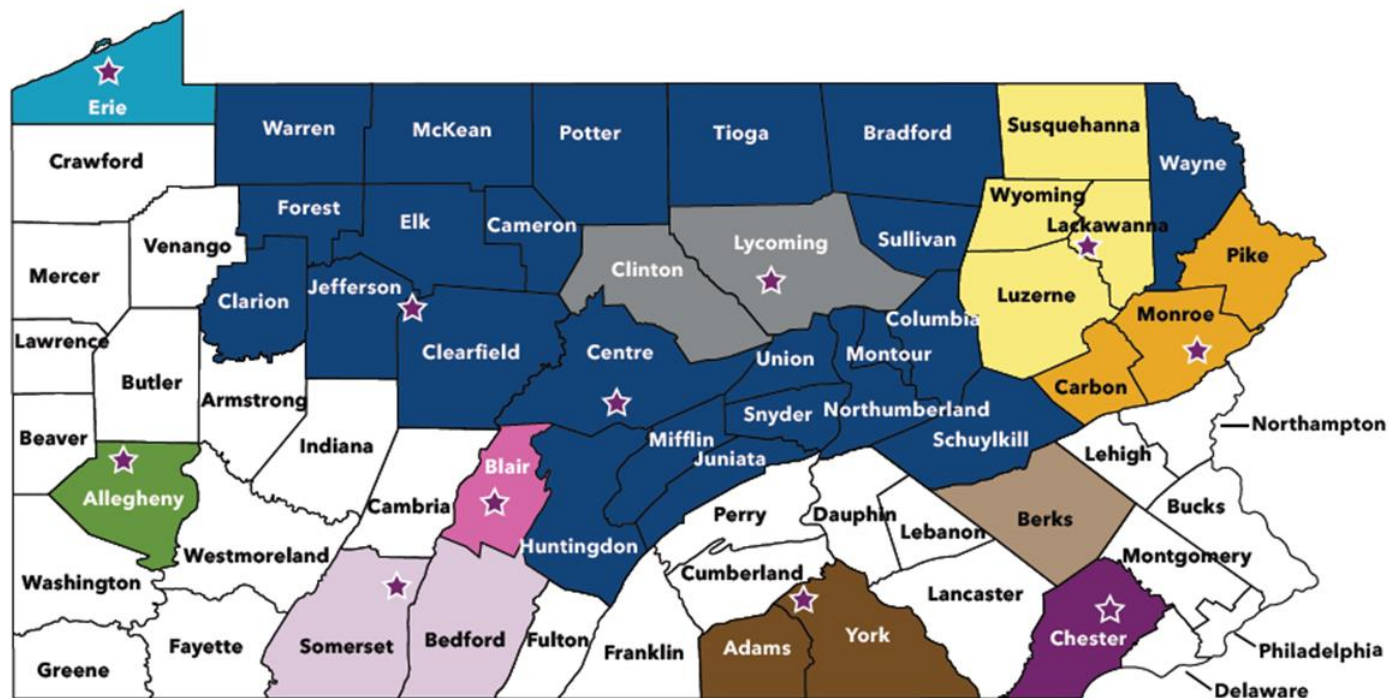
501(c)(3) nonprofit behavioral health managed care organization

Licensed as risk-bearing HMO

Implemented HealthChoices in 41 counties in Pennsylvania beginning in 1999

Over 1,000,000 Medicaid members

Community Care Behavioral Health HealthChoices Contracts



HealthChoices

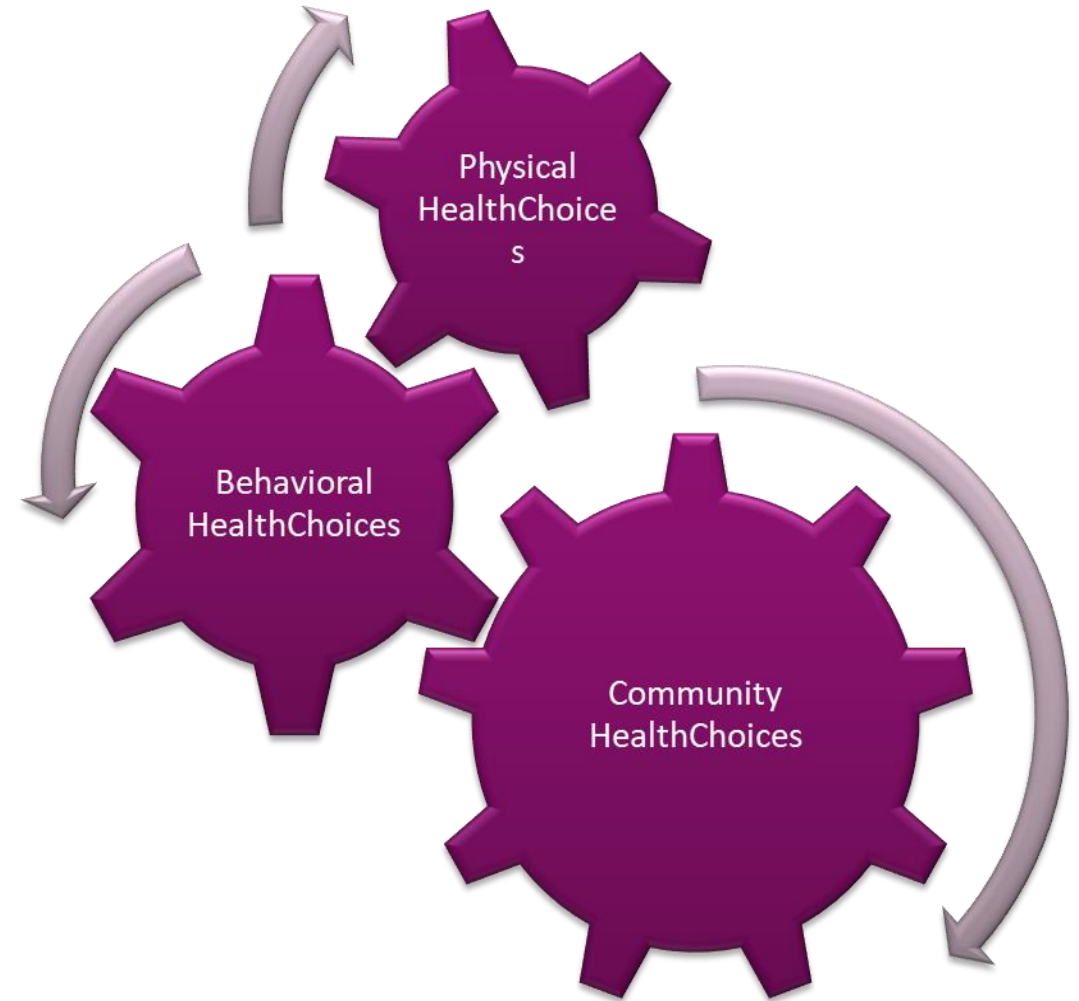
HealthChoices is the name of Pennsylvania's managed care programs for **Medical Assistance recipients often referred to as Medicaid**

It has 3 separate but integrated components:

Through **physical health Managed Care Organizations**, recipients receive quality medical care and timely access to all appropriate physical health services, whether the services are delivered on an inpatient or outpatient basis. The Department of Human Services' Office of Medical Assistance Programs oversees the Physical Health component of the HealthChoices Program.

Through **behavioral health Managed Care Organizations**, recipients receive quality medical care and timely access to appropriate mental health and/or drug and alcohol services. This component is overseen by the Department of Human Services' Office of Mental Health and Substance Abuse Services.

If you are 21 or older and have both Medicare and Medicaid or receive long-term supports through Medicaid because you need help with everyday personal tasks, you'll be covered by **Community HealthChoices**. This component is overseen by the Department of Human Services' Office of Long-Term Living and the Department of Aging.



<http://www.healthchoices.pa.gov/info/about/>

Behavioral Health HealthChoices (This differs from the Physical and Community HealthChoices that allows individuals to choose a specific MCO)

Behavioral health is part of an integrated human services model in Pennsylvania. Behavioral health care is for:

- Mental health conditions
- Substance use disorders
- Developmental disabilities

Behavioral HealthChoices is operated under direction of the counties

- This is a newer benefit for individuals in nursing homes and those who receive Home and Community Based Services (HCBS)
- This differs from the Physical and Community HealthChoices that allows individuals to choose a specific MCO

The company that manages behavioral health needs will depend on the county in which you live

- This differs from the Physical and Community HealthChoices that allows individuals to choose a specific MCO

Many people who are covered by Medicaid also have other health insurance-Medicare is an example.

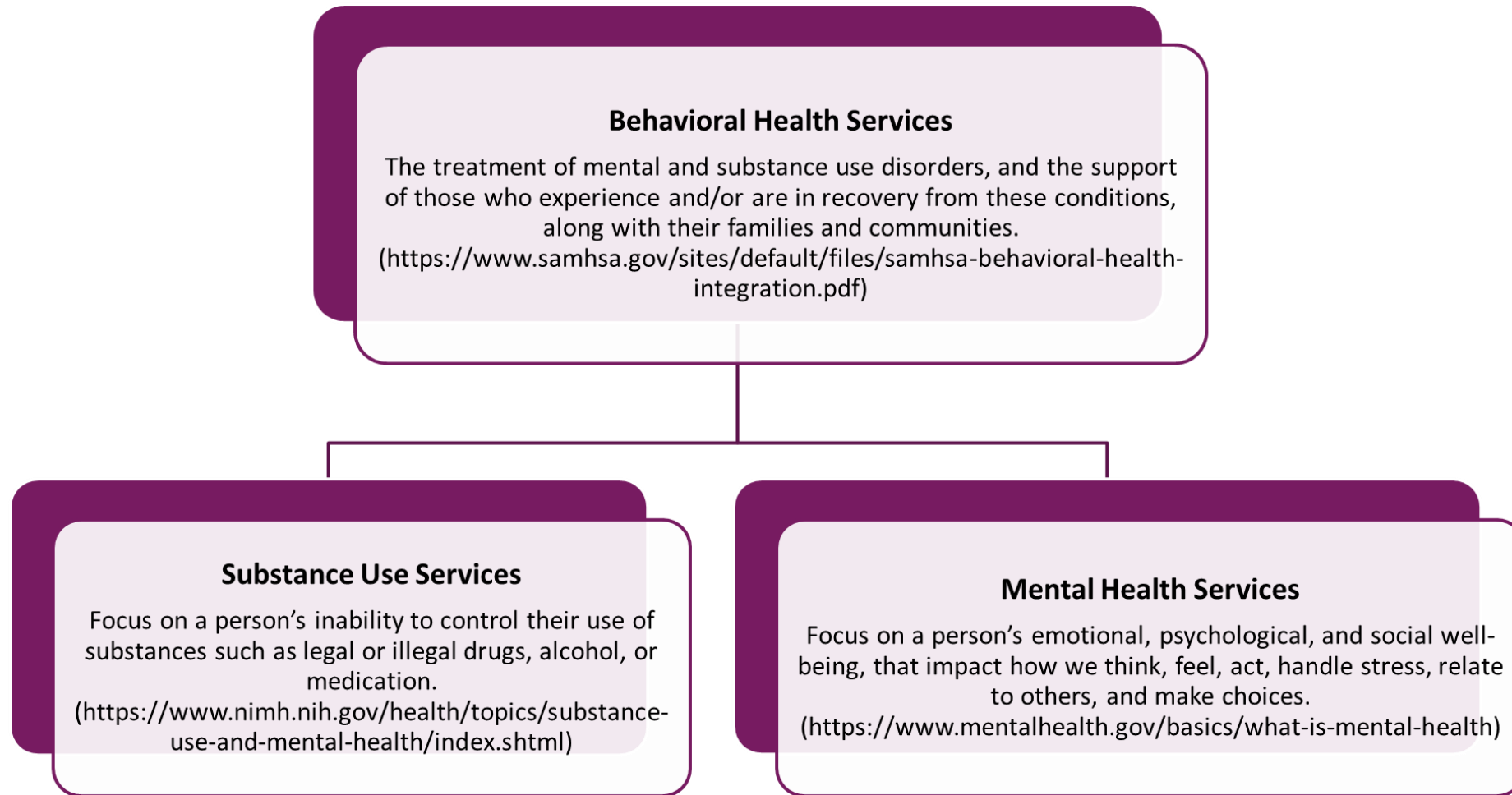
- Medicaid is the payor of last resort that means a person must use there primary first
- Many people in the Community HealthChoices program and dual eligible for Medicare and Medicaid- This means that Medicare will cover much of the behavioral health benefits

Behavioral Health MCO's Across Pennsylvania

Behavioral Health MCO	Area
Community Behavioral Health	Philadelphia
Community Care Behavioral Health	Adams, Allegheny, Bedford, Berks, Blair, Bradford, Cameron, Carbon, Centre, Chester, Clarion, Clearfield, Clinton, Columbia, Elk, Erie, Forest, Huntington, Jefferson, Juniata, Lackawanna, Luzerne, Lycoming, McKean, Mifflin, Monroe, Montour, Northumberland, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Warren, Wayne, Wyoming, York
Magellan	Bucks, Cambria, Delaware, Montgomery
PerformCare	Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, Perry
Beacon Health Options	Armstrong, Beaver, Butler, Crawford, Fayette, Greene, Indiana, Lawrence, Mercer, Washington, Westmoreland, Venango

Medicaid

Behavioral Health Benefits



State In-Plan Benefits

All Behavioral Health MCO's must cover these services

Mental Health Services	Substance Use Treatment
Inpatient psychiatric	Diagnostic evaluation/level of care assessment
Outpatient mental health	Drug and alcohol IOP
MH acute/non-acute partial hospital	Drug and alcohol outpatient
Crisis services	Halfway house
Psychological/neuro psych testing	Hospital-based detox/withdrawal management
Blended case management	Hospital-based rehabilitation
Psychiatric rehab services	Medication-assisted treatment: Methadone, Suboxone, Vivitrol
Peer support services	Non-hospital detox/withdrawal management
Mobile mental health	Non-hospital rehabilitation
Clozapine support service	Targeted case management
Clozaril	
Inpatient and outpatient ECT	
Laboratory testing ordered by psychiatrist	
Telepsychiatry	

In Lieu/Supplement Services

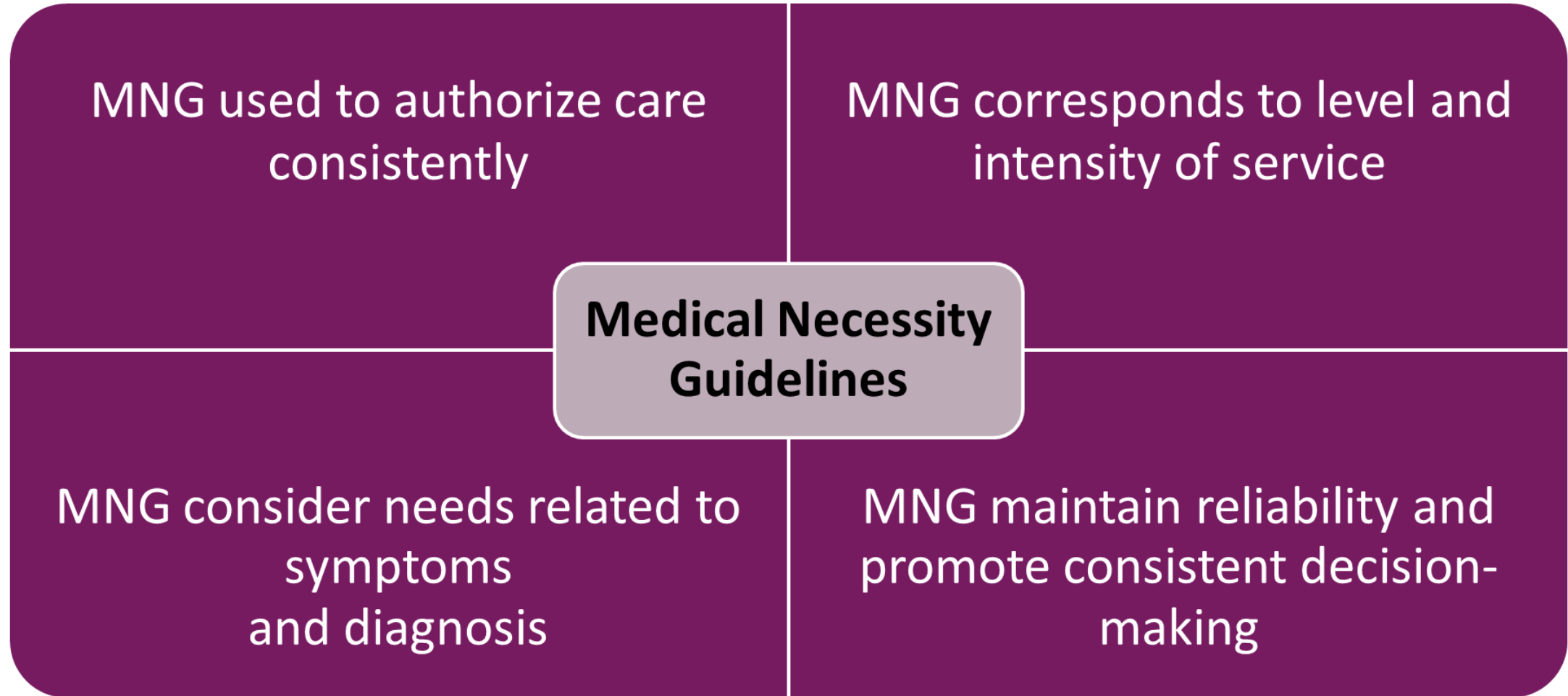
BH-MCOs may provide additional services beyond those required as part of the State plan services

- These services are called “In-lieu of services” or “supplemental service”
- The services need to be medically necessary and cost-effective alternatives
- The services that are available may differ between regions.

Some common services include:

- Mobile Medication
- Psychiatric Rehabilitation
- Assertive Community Team

Medical Necessity Guidelines (MNG)



Behavioral Health Services

- **Ambulatory Services**

- Mobile mental health treatment
- Mobile medication
- Peer support
- Psychiatric consultation in nursing homes
- Psychiatric rehabilitation
 - Mobile
- Crisis intervention services
- Mental health targeted case management (TCM) or mental health case management

- **Facility Services**

- Outpatient
- Inpatient care
- Partial hospitalization
- Sub-specialty care
- Psychiatric rehabilitation
 - Site based
 - Clubhouse
- Other BH services

Please visit our Provider training website to view our recorded webinar titled "[Adult Behavioral Health 101 Training](#)" for detailed information.

Mental Health Services

Child and Adolescent Mental Health Services

Inpatient

Residential Treatment Facility (RTF)

Community Residential Rehabilitation (CRR Host Home)

Facility-Based Partial Hospital

Family-Based Mental Health Services (FBMHS) / Community and School Based Behavioral Health (CSBBH)

Intensive Behavioral Health Services (IBHS) / Multisystemic Therapy (MST) / Functional Family Therapy (FFT)

Outpatient

Intensive Case Management / Resource Coordination / Blended Case Management (IC, RC, BCM)

Crisis Intervention Services (Mobile, Walk-in Centers, Telephone)

How do I get started?



All BH-MCO's have staff that can:

Answer your questions

Help find providers

Make sure their members are receiving the right services

Make sure their services are covered

All have members services lines

All have provider lines

Frequently Asked Questions

What if a member has general questions about Community Care or is unsure about something?

Community Care's customer service line is a great place to start.

Customer service representatives are available 24 hours a day, 7 days a week.

Members may contact us if they need assistance or have questions on how we make decisions about their care.

If a customer services representative is not able to help, they will make sure that someone from the Care Management Department is able to provide assistance.

Frequently Asked Questions

What if a member needs outpatient services?

Members may contact and schedule appointments with any outpatient provider in the Provider Directory.

Neither a prior authorization nor a referral from Community Care or another provider is required to see a network outpatient provider.

Community Care's complete Provider Directory is available on our website: www.ccbh.com.

Provider Directory search options

- County
 - Distance from home
 - Specialty
 - Gender
-

Frequently Asked Questions

What if a member needs

- *inpatient care*
- *partial hospitalization*
- *sub-specialty care*
- *other behavioral health care services?*

Usually, the member's treating provider will arrange hospital care, partial hospitalization, sub-specialty care, or other behavioral health care service.

If you think a member needs these services, either they can make arrangements, or you can assist them in making arrangements with any provider in the Provider Directory.

Neither a prior authorization nor a referral from Community Care or another provider is required for these services.

The treating provider will call Community Care to complete a clinical review.

Frequently Asked Questions

Do I need a release of information to talk to someone at Community Care?

Health Plans are permitted to coordinate care without an ROI, with the exception of HIV and substance use information.

Community Care has release of information forms on our website that anyone can use.

What if I have a general behavioral health question not related to a specific person?

Call the Coordination of Care line and someone from Customer Services or Care Management will help answer your question.

Frequently Asked Questions

I am working with someone receiving BH services. Can I contact the provider for coordination & collaboration?

Yes. You are encouraged to work directly with providers. They expect this and often have the most current information.

I am working with a member with complex needs. Would a care manager be able to attend a treatment team meeting?

Yes. Please call the coordination of care line to arrange this.

Contacting Community Care

- Community Care has a “no wrong door” approach in regard to working with our members and partners



Contact Information

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