Behavioral Health Services How to Navigate and Access

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Educational Objectives

Overview of HealthChoices and Community Care

Continuum of Behavioral Health Services and Levels of Care

How to coordinate and collaborate with Community Care



HealthChoices

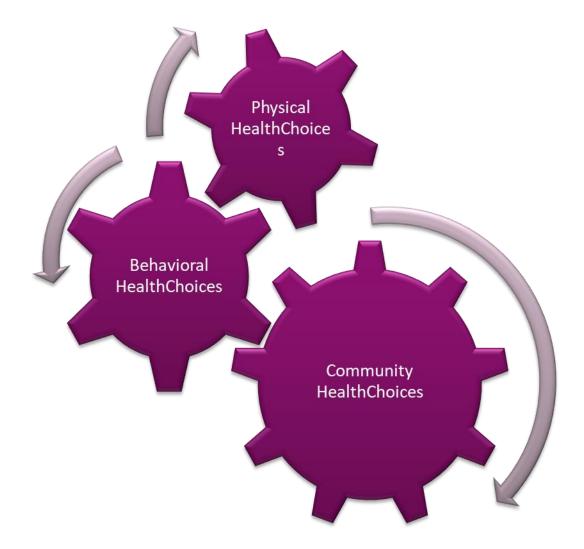
HealthChoices is the name of Pennsylvania's managed care programs for **Medical Assistance recipients often referred to as Medicaid**

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.

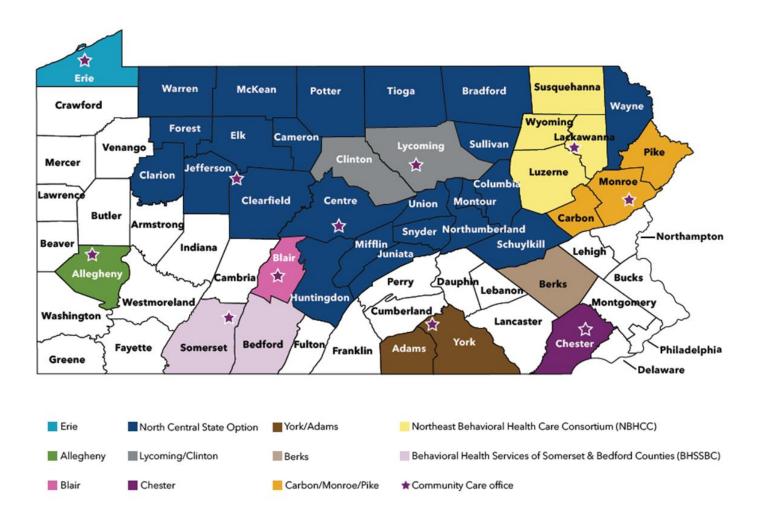
If you are 21 or older and have both Medicare and Medicaid or receive long-term supports through Medicaid because you need help with everyday personal tasks, you'll be covered by **Community HealthChoices** This component is overseen by the Department of Human Services' Office of Long-Term Living and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



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



Community Care Behavioral Health HealthChoices Contracts





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

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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:	
Peer support services	Methadone, Suboxone, Vivitrol	
Mobile mental health	Non-hospital detox/withdrawal management	
Clozapine support service	Non-hospital rehabilitation	
Clozaril	Targeted case management	
Inpatient and outpatient ECT		
Laboratory testing ordered by psychiatrist		

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



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 costeffective 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)

- Services must be the clinically appropriate based on the member's symptoms and behaviors.
 - Right Service, Right Place, Right Duration
- Members are referred for evaluations or intakes that assist with determining the appropriate service or level of care.
- Community Care reviews the clinical information attained from evaluations to ensure MNG is met and to provide an authorization.
- Services are requested and authorized telephonically, via packet, or via Eportal, depending on the level of care.



Mental Health Services

Child and Adolescent Mental Health Services

Inpatient Mental Health Hospital, Substance Use Rehabilitation Programs

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



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.



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



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.



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.

Release of Information forms may be located at Forms: HealthChoices Providers - Community Care (ccbh.com).

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.



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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