CBHS IPA Secures Funding for Lower Hudson Valley Adults

By Richard M. Tuten, JD, MSA
Chief Executive Officer
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Coordinated Behavioral Health Services (CBHS) Independent Practice Association (IPA) is pleased to announce it has been awarded $4.7 million in infrastructure funds to finance the enhancement of Behavioral Health Home and Community Based Services (HCBS) available in the Hudson Valley.

HCBS services are designed to help individuals with significant behavioral health disorders achieve their personal goals, specifically achieving greater independence, enhancing their education, gaining and maintaining employment, accessing support from peers and for their families, and managing crises.

CBHS has entered into agreements with four health plans to improve access and increase utilization of HCBS for Medicaid members enrolled in Health and Recovery Plans (HARP), which are specialized plans for Medicaid recipients with serious mental illnesses or significant substance use disorders. CBHS looks forward to its partnership with Fidelis, MVP, Affinity, and UnitedHealthcare to make

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critical investments that will lead to enhancements throughout the region for individuals who are eligible for HCBS.

CBHS will be funding projects related to workforce development, peer support development, and outreach and education. Funds will also be used to increase access to crisis and respite services.

The New York State Office of Mental Health made a total of $50 million available statewide to address challenges related to accessing HCBS services. These funds were made available to managed care organizations, which solicited proposals from community behavioral health providers.

"This critical funding will help CBHS ensure that residents of the lower Hudson Valley who need access to these newly launched services are able to access them easily, efficiently, and quickly. We look forward to collaborating with our managed care organization partners to drive the success of this initiative," said CBHS CEO Richard Tuten, "HCBS can make a huge difference in people's lives, but only if they have access to them. That's why we think these newly awarded funds will be so important to our community."

"We are grateful for the confidence Fidelis, MVP, Affinity, and UnitedHealthcare have placed in our IPA," said CBHS Board Chair Amy Anderson-Winchell, President of Access: Supports for Living, "By working together, we can help people with significant substance use disorders and serious mental illness build lives of meaning, dignity, and productivity in their communities, and avoid costly, and unnecessary hospitalizations."

CBHS serves seven counties: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester. HCBS are available for people 21 and over who are enrolled in Medicaid Managed Care HARP products and found eligible after completing an assessment.

About CBHS: The CBHS Inc. is comprised of thirty progressive, non-profit, community behavioral health and disability service providers serving seven counties in the Hudson River Region. CBHS maximizes the intellectual capacity and resources of its members in order to meet the challenges of a rapidly changing health care system. CBHS, founded in 2012, is developing business initiatives to successfully integrate and manage care and provide the cost-effective outcome-based services required for the future. Our commitment is to promote health and wellness, to facilitate the attainment of life roles in the areas of employment, housing, and social connectedness; to ensure access for whole populations, to ensure satisfaction from the people we serve and their families; and to do so at sustainable costs. CBHS Inc is the sole member of CBHS IPA, LLC.

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Integrating Peers within Behavioral Health Programs

By Jordan Lowmark, MPH, Maralie Deprinvil, MPH, Jazmin Rivera, MPH, Adrienne Abbate, MPA, Victoria Njoku-Anokam, MPH, and Marianne Howard-Siewers, RN

The implementation of peer support professionals throughout the behavioral health field has proven to be a valuable resource for clients, patients, and service providers across the continuum (SAMHSA, Value of Peers, 2017). Whether it be in an outpatient clinic, emergency room, or community setting, peer professionals trained to work with substance use disorder (SUD) populations have brought a unique perspective to support patients on their journeys to recovery. Staten Island (SI), a borough within NYC, which has a population of nearly 476,000, has been one of the epicenters of the opioid epidemic. From 2015 -2018, there were 383 fatal overdoses on SI, according to the Office of the Richmond County District Attorney. SI overdose rates, as determined by the NYC department of health, were higher than the other NYC boroughs until 2017. Although Staten Island has a strong network of treatment providers and harm reduction services, consistently high rates of overdose indicated the need for creative client engagement and non-traditional approaches. Peer models quickly emerged as a promising method to address this issue, but Staten Island was lacking a sustainable peer workforce.

In 2015, the Behavioral Health Infrastructure Project (BHIP), spearheaded by the Staten Island Partnership for Community Wellness (SIPCW) and the SI Performing Provider System (SI PPS), was established to bring multi-sectoral partners together to build the capacity of systems to address the unique behavioral health needs of the community. Early on, BHIP worked to identify gaps in the behavioral health continuum and surfaced peers as a component to bolster the infrastructure. Through a mixture of DSRIP innovation dollars and OASAS grants, opportunities were created to increase the supply and demand for the peer workforce. Through many local efforts including the development of the SI CUNY and SI PPS Certified Recovery Peer Advocate (CRPA) curriculum, SI PPS scholarships and salary grants, the expansion of OASAS reimbursement criteria, and local and state grants to integrate peer positions, the number of peers on Staten Island has been steadily increasing. Within the past few years, there has been an increase from only two CRPAs in 2015 to 30 new CRPAs in 2018 on Staten Island. It is important to note that other types of substance use treatment and mental health peers exist in the community that are contributing to the pool of qualified professionals providing peer services in addition to CRPAs.

Through BHIP, SIPCW and the SI PPS have been working with behavioral health providers to support recruitment, onsite orientations and training, and workflow improvements to help integrate peers into outpatient substance use treatment settings. Determining where a peer fits within a specific provider's workflow is one of the first steps in integrating a peer. Whether the peer is activated during a client's intake or during discharge, a peer advocate can play various roles throughout a provider's continuum of services. Understanding the scope of the practice, clarifying the value of the role with the care team, and going through a series of ethic trainings has helped seamlessly integrate this valuable role. Having a peer meet with a client throughout the recovery process has added an additional tool to traditional clinical engagement in outpatient settings. Clinicians and peers working together to support a person's progress towards recovery provide an endless opportunity for both the community and the client. Integrating peer support services into SUD treatment programs has been shown to increase a client's self-esteem and confidence as well as bring an increased sense of control and ability to bring about changes in their lives (Davidson, et al., 2012).

Depending on the type of service that a provider offers, peer advocates play a different role within the clinical setting. For example, Project Hospitality, a local multidisciplinary and integrated service delivery community-based organization (CBO), utilizes peers within a variety of their programs. One is within an OASAS funded hospital diversion program. In this program, the peer focuses on individuals that are currently at risk for overdose. The program provides Naloxone training to clients and distributes kits. Most notably peers engage clients who are on waiting lists for a treatment bed or upon discharge for continued support in the community. Peers also have Project Hospitality cell phones to ensure that clients can access them during off-hours and can meet with individuals in the clinic or in the community, such as at a local coffee shop. This consistent access and communication during the waiting period is an important aspect of the continuum when trying to keep individuals engaged and ready to seek treatment. The Silberstein Clinic, Richmond University Medical Center's outpatient SUD treatment center, utilizes a peer as well. Within their clinic, a peer meets with every new client immediately following intake to introduce himself and discuss the services that he can provide. In addition to one-on-one peer meetings with clients, the peer also aids with group therapy sessions and provides outreach at various locations. Using a creative approach to better engage clients, Silberstein's peer visits probation and parole once a week to speak with the officers about any potential clients that can be referred to the Silberstein Clinic. The peer also frequently visits rehabilitation centers to meet with clients upon discharge to discuss the importance of aftercare and connecting to community resources.

The above examples are two practical applications of peer advocates at outpatient programs. Many other Staten Island providers and institutions employ peers in creative ways to improve patient/client outcomes by providing a human-centered approach to care. Through BHIP, SIPCW and SI PPS are committed to the continued expansion of this workforce as well as ensuring that peers are effectively

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not see the patient face to face or prescribe medications. The psychiatric consultant is not required to be a participating Medicare provider because payment for the CoCM service is made directly to the billing provider (the treating physician or other qualified health care professional).

The behavioral health manager and the psychiatric consultant may or may not be employees of the same practice as the billing provider and may be independent contractors hired by the billing practice. The behavioral health manager must be available to provide face to face services if needed, but the psychiatric consultant is often located remotely.

Available Codes

Code 99492, the code for initial psychiatric collaborative care management, is described as follows:

99492 Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultation, and directed by the treating physician or other qualified health care professional, with the following required elements:

• outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional;

• initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan'

• review by the psychiatric consultant with modifications of the plan if recommended;

• entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and

• provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.

Code 99493 is used for reporting the first 60 minutes of subsequent psychiatric collaborative care management during a subsequent month of behavioral health care manager activities. This code is generally used for reporting follow up activities, including patient tracking, weekly caseload consultation, and ongoing collaboration, coordination and monitoring. Code 99494 is an add-on code for additional 30-minute periods of either initial or subsequent care management.

CMS has also approved a general care management **code (99484),** which may be used for integrated services provided without a specific behavioral health care manager. 99484 provides for at least 20 minutes of care management services for behavioral health conditions per calendar month, including assessment, monitoring, behavioral care (including facilitating and coordinating psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation), and continuity of care with a designated member of a care team.

Claims are submitted to the Medicare program by the treating physician or primary care provider. The behavioral health care manager and consulting psychiatrist are then paid by the primary provider through a separate employment or independent contractor relationship. Claims are submitted for a monthly service period and not for a specific date of service.

APA Model Legislation

In response to the increased use of integrated care models and the new CoCM codes introduced by CMS, the American Psychiatric Association (APA) has drafted model legislation seeking to confirm coverage of the collaborative care codes by private insurers and health care plans. The APA has tailored legislation for each of the fifty states and the District of Columbia.

For example, the New York model legislation requires that every health care insurance policy that "provides coverage of mental health and substance use disorder benefits shall provide reimbursement for such benefits that are delivered through the psychiatric Collaborative Care Model, which shall include the following current procedural terminology (CPT) billing codes established by the American Medical Association (AMA): (i) 99492; (ii) 99493; (iii) 99494 . . ." In order to remain budget neutral, the model legislation focuses solely on private carriers. Language applicable to state Medicaid programs may be added for individual states, where feasible.

In exciting breaking news, in late August, 2019, Illinois became the first state to enact the APA's model collaborative care legislation into law. Illinois bill SB 2085, Psychiatric Collaborative Care, statute requires private insurers in Illinois as well as the Illinois Medicaid program to provide reimbursement for the CoCM CPT codes.

Hopefully, other states will follow suit in the near term, allowing for greater implementation of behavioral health integration among primary care services. In order to fully implement integrated care into our health system, we must have the full support of all third party payers, including government and private carriers. Without adequate reimbursement, integrated care models cannot be truly successful and the system will fall short in its goals of improved outcomes, enhanced access and lowered costs for all.

Rachel A. Fernbach, Esq. is Deputy Director and Assistant General Counsel of the New York State Psychiatric Association and Vice-Chair of the Mental Health News Education, Inc. Board of Directors.

Footnote

1. Medicare Payment for Behavioral Health Integration, N ENGL J MED376;5 (citing Schwenk TL. Integrated behavioral and primary care: what is the real cost? JAMA 2016;316:822.3).

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integrated into workplace operations. While there are various ways that a peer can provide support services, the unique lived experience that they bring to any service provider is invaluable, whether it be modeling coping skills, raising awareness of existing support services, or educating clients about various modes of substance use disorder. By continuing to provide and expand this service, individuals living with SUD can have an advocate who emphasizes knowledge and wisdom through their lived experience as they work towards the ultimate goal of recovery. While there remains a gap in connecting certified peers to available positions in the community, new funding acquired by SI PPS from HRSA, will allow the Staten Island community to continue to tackle this challenge by ensuring peers are trained to meet the specific needs of local programs.

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For more information, please visit www.statenislandpps.org and www.sipcw.org.

References

Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer support among persons with severe mental illnesses: a review of evidence and experience. World Psychiatry, 11(2), 123-128.

Substance Abuse and Mental Health Services Administration. (2017). Value of Peers: www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/value-of-peers-2017.pdf

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