Primary Care Substance Use Referral Diagram

Screen + ALCOHOL or DRUGS (SBIRT)

Administer AUDIT or DAST for ages 18 and older (CRAFFT for ages 11-17)

Low Risk

Give brief message reinforcing healthy use

Risky / Harmful

Assess readiness to change using readiness ruler (see back). Consider Behavioral Health Consultant (BHC) referral.

- 0-3: Offer information and support; follow up
- 4-10: Provide brief advice

Severe

Assess readiness to change using readiness ruler (see back)

- 0-3: If available, utilize:
  - Peer Support Specialist (PSS) or Recovery Mentor (RM)
  - Community Health Worker (CHW)
  - BHC

  • Continue engagement
  • Stabilize
  • Harm reduction
  • Repeated brief intervention
  • Motivational Interviewing (MI)
- 4-10: Refer to Treatment. See Treatment Referral Guide.

Treatment Referral Guide

Peer Support
- Peer Support Specialist (PSS)
- Recovery Mentor (RM)

MAT
- Provide it
- Refer to it
- Detox
- Combine with BHC

Education & Resources
- AA/NA Schedule
- SUD Document
- Peer Support Groups
- Nutrition Resources
- Reliable Websites

Ensure a Ride to SUD Appointment
- Non-Emergent Medical Transportation
- RM takes client to initial visit
- Bus or cab vouchers

Warm Handoff to SUD Providers
- Walk them to the SUD Clinic
- Make appointment together
- PSS assists client to make appointment

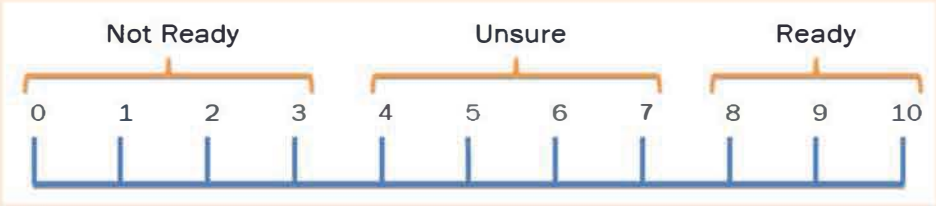
Eliminate Barriers
- Develop short term plan before leaving
- Harm reduction
- Address stigma and fears

Involve Family / Social Supports

This document was developed by the RHIP Behavioral Health: Substance Use and Chronic Pain Workgroup. For more information visit www.cohealthcouncil.org/substance-use-and-chronic-pain, or email: info@cohealthcouncil.org, or call (541) 306-3523.

Published March 2017

Readiness Ruler



Central Oregon Resources

Treatment Resources			
BestCare Treatment Services	Adults	541.617.7365	bestcaretreatment.org
Deschutes County Access Team	Adults	541.322.7500	deschutes.org
Klean	Adults	844.705.2427	kleantreatmentcenters.com/la-pine-oregon
Lutheran Community Services	Adults	541.447.7441	lcsnw.org
New Priorities	All Ages	541.923.2654	mynewpriorities.com
Pfeifer & Associates	All Ages	541.383.4293	pfeiferandassociates.com
Rimrock Trails	Ages 12-24	541.447.2631	rimrocktrails.org
Serenity Lane	Adults	541.383.0844	serenitylane.org
Youth Challenge	Ages 16-18	541.317.9623	oycp.com
Opioid Use Disorder Resources			
Bend Treatment Center	Adults	541.617.4544	bendrecovery.com
Problem Gambling			
Oregon Problem Gambling Helpline		877.695.4648	opgr.org
Tobacco Cessation			
Oregon Tobacco Quit Line		800.784.8669	quitnow.net
St. Charles Health System		541.706.6390	stcharleshealthcare.org
Recovery and Support Resources			
Al-Anon/Alateen		541.728.3707	oregonal-anon.org
Alcoholics Anonymous		541.548.0440	coigaa.org
Celebrate Recovery		541.749.3040	centraloregoncr.org
Narcotics Anonymous		541.416.2146	centraloregonna.com
Smart Recovery		866.951.5357	smartrecovery.org

Additional Resources

Central Oregon Pain Guide
copainguide.org

SBIRT Oregon
sbirtoregon.org

Southeastern Consortium for Substance Abuse Training
sbirtonline.org

Substance Abuse and Mental Health Services Administration
samhsa.gov

Recommended Minimum Standards for Patient-Centered Primary Care Homes (PCPCH) Providing Integrated Health Care

CCO Oregon concepts developed by expert consensus—November 2015

Minimum Standard*	Specifications
Integrated behavioral health services are provided as part of routine care at the PCPCH including licensed Behavioral Health Clinician(s) (BHC) delivering an array of services on-site. BHC as defined in ORS 414.025.	BHC(s) provides care at the PCPCH with a ratio of 1 FTE BHC for every 6 FTE of Primary Care Clinicians (PCC). For example, a practice with 4 FTE PCC would need to have .67 FTE of a BHC (approximately 26.5 hours/week). For rural practices with behavioral health clinician shortages, integrated services may be provided virtually as long as other standards are met.
Integrated BHC provides a broad array of comprehensive evidence-based behavioral health services.	BHC services should be applicable to the PCPCH patient population served, including care for: mental illness, substance use disorders, health behaviors that contribute to chronic illness, life stressors and crises, developmental risks and conditions, stress-related physical symptoms, preventive care, and ineffective patterns of health care utilization per ORS 414.025.
Integrated BHC provides same-day open access behavioral health services.	Same-day open access services include warm hand-offs, brief assessments and interventions for patient and families, consultations to primary care clinicians and other care team members, and participation in pre-visit planning and daily huddles. Same-day open access services are provided in real-time at the point of care when behavioral health issues are identified at the PCPCH. On average, at least half of the BHC's hours at the practice each week must be available for same-day open access services.
Primary care clinicians, staff, and BHC utilize shared medical records and have a mechanism in place for collaborative care planning and co-management of patients.	Primary care clinicians, staff, and BHC document clinically relevant patient information in the same medical record system and participate in collaborative treatment planning and co-management via case conferences, consults, pre-visit planning and/or daily huddles.
BHC is an integrated part of the primary care team.	Primary care clinicians, staff, and BHC utilize shared physical space and the BHC participates in practice activities such as team meetings, daily huddles, pre-visit planning, and quality improvement projects.
PCPCH utilizes a population-based approach to delivering and coordinating integrated behavioral health services.	PCPCH utilizes universal behavioral health screening, care coordination, and panel management to monitor the behavioral health needs and outcomes of the PCPCH patient population. PCPCH utilizes written protocols for referrals to appropriate specialist(s) and hospitalization if clinically indicated.
The integrated team includes psychiatric consultative resources.	PCPCH identifies the psychiatric care needs of their population, determines viable psychiatric consultation strategies and provider options, and develops a care model hat includes these services.

* Adapted from AHRQ *Professional Practices in Behavioral Health and Primary Care Integration* 2015 http://integrationacademy.ahrq.gov/

Cheat Sheet on CMS Final Rule for 2017 Medicare Payments for Integrated Behavioral Health Services

Updated: February 15, 2017

The Centers for Medicare & Medicaid Services announced final rules for Medicare payments for services provided for patients participating in a collaborative care program or receiving other integrated behavioral health services. The payment structure may be used for patients with any behavioral health condition that is being treated by the treating provider, including substance use disorders. Medicare Advantage plans may also be billed for these codes; however, Federally Qualified Health Centers (FQHCs) and Rural Health Centers cannot bill these codes at this time.

Useful online references that describe the new Medicare benefit include the following:

- https://www.psychiatry.org/news-room/apa-blogs/apa-blog/2016/11/cms-shows-strong-support-for-collaborative-care
- https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-11-02.html
- https://www.federalregister.gov/documents/2016/11/15/2016-26668/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other-revisions#h-106 (See pages 61-74 of the PDF; or 80230 – 80243 in the print version of the document)

[The following information is summarized from the Federal Register Final Rule for Docket Number CMS-1654-F]:

Beginning in January 2017, the Medicare services listed below can be billed by the treating provider and are intended to incorporate the services of all members of the collaborative care team as incident-to services of the treating provider. Payment amount for each of the services are summarized in the table on the following page.

G0502 – First 70 minutes in the first calendar month for behavioral health care manager activities, in consultation with a psychiatric consultant and directed by the treating provider. Must include:

- Outreach and engagement of patients;
- Initial assessment, including administration of validated scales and resulting in a treatment plan;
- Review by psychiatric consultant and modifications, if recommended;
- Entering patients into a registry and tracking patient follow-up and progress, and participation in weekly caseload review with psychiatric consultant; and
- Provision of brief interventions using evidence-based treatments such as behavioral activation, problem-solving treatment, and other focused treatment activities.

G0503 – first 60 minutes in a subsequent month of behavioral health care manager activities. Must include:

- Tracking patient follow-up and progress;
- Participation in weekly caseload review with psychiatric consultant;
- Ongoing collaboration and coordination with treating providers;
- Ongoing review by psychiatric consultant and modifications based on recommendations;
- Provision of brief interventions using evidence based treatments;
- Monitoring of patient outcomes using validated rating scales; and
- Relapse prevention planning and preparation for discharge from active treatment.

G0504 – each additional 30 minutes in a calendar month of behavioral health care manager activities listed above.
Listed separately and used in conjunction with G0502 and G0503.

Care Manager Qualifications
CMS states that the behavioral health care manager has formal education or specialized training in behavioral health, which could include a range of disciplines including social work, nursing, and psychology, but need not be licensed to bill traditional psychotherapy codes for Medicare.

Provision of Additional Psychiatric Services
Behavioral health care managers (BH CM) qualified to bill traditional psychiatric evaluation and therapy codes for Medicare recipients may bill for additional psychiatric services in the same month. However, time spent by the BH CM on activities for services reported separately may not be included in the services reported using time applied to G0502, G0503, and G0504. In other words, the BH CM can furnish psychotherapy services in addition to collaborative care activities, but may not bill for the same time using multiple codes. The psychiatric consultant may also furnish face-to-face services directly to the patient but, like the BH CM, the time may not be billed using multiple codes.

Payment for Other Models of Integrated Behavioral Health Services
Beginning in 2017, CMS will provide a separate payment for integrated behavioral health services that are delivered under other delivery models, such as the behavioral health consultation model or primary care behavioral health model:

G0507 – Care management services for behavioral health conditions, at least 20 minutes of clinical staff time per calendar month. Must include:

- Initial assessment or follow-up monitoring, including use of applicable validated rating scales;
- Behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes;
- Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and
- Continuity of care with a designated member of the care team.

G0507 can only be reported by a treating provider and cannot be independently billed. For G0507, a behavioral health care manager with formal or specialized education is not required. CMS rules allow "clinical staff" to provide G0507 services using the same definition of "clinical staff" as applied under the Chronic Care Management benefit.

HCPCS Medicare Payment Summary

HCPCS	Description	Payment/Pt (Non-Fac) Primary Care Settings	Payment/Pt (Fac) Hospitals and Facilities
G0502	Initial psych care mgmt, 70 min - CoCM	$142.84	$90.08
G0503	Subsequent psych care mgmt, 60 min - CoCM	$126.33	$81.11
G0504	Initial/subsequent psych care mgmt, additional 30 min CoCM	$66.04	$43.43
G0507	Care mgmt. services, min 20 min – Other models of care	$47.73	$32.30

Initiating Visit, Consent and Co-payments
CMS expects an *Initiating Visit* prior to billing for the G0502-0507 codes. This visit is required for new patients and for those who have not been seen within a year of commencement of integrated behavioral health services. This visit will include the treating provider establishing a relationship with the patient, assessing the patient prior to referral, and obtaining broad beneficiary consent to consult with specialists that can be verbally obtained but must be documented in the medical record. Medicare will require beneficiaries to pay any applicable Part B co-insurance for these billing codes.