



Rural Health Clinic Technical Assistance Educational Series

Module 6

Incorporating Behavioral Health Services in the Rural Health Clinic

National Organization of **State Offices of Rural Health**



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Rural Health Clinic Committee

The Rural Health Clinic (RHC) Committee provides technical assistance and education to State Offices of Rural Health that are interested in providing technical assistance to RHCs and safety net providers, like Free and Charitable Clinics.

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Toolkits

- [Recruitment and Retention Toolkit Draft](#)
- [NOSORH Media Toolkit](#)
- [NOSORH Rural Veterans Health Guide for SORH](#)
- [Addressing the Health Care Needs of Rural Veterans \(03/2014\)](#)
- [Partnerships for Patients Initiative Toolkit 2nd Edition – August, 2012](#)
- [SORH Toolkit \(9-3-14\)](#)
- [Focus Group Toolkit for State Offices of Rural Health](#)
- [EMS Toolkit for FLEX – 2011-2012](#)
- [Toolkit for Health-Related Project Planning and Evaluation](#)
- [Mental Health Resources Toolkit](#)
- [Health Information Technology Toolkit – 2008](#)
- [Rural Health Conference Agendas Toolkit – March, 2012](#)
- [Template for Community Health Needs Assessment Toolkit – 2010](#)
- **Working with Rural Health Clinics:**
 - [An Introduction to the Rural Health Clinic Program: Module 1 – 2010](#)
 - [Learning About Certified Rural Health Clinics: Module 2 – 2010](#)
 - [Helping SORH's Make Decisions About Providing Technical Assistance and Support to Rural Health Clinics: Module 3 – 2010](#)
 - [Helping Rural Health Clinics Work Effectively with Other Key Rural Health Providers: Module 4 – 2010](#)
 - [Rural Health Clinic Performance Measurement and Quality Improvement: Module 5 – 2016](#)
 - [Incorporating Behavioral Health Services in the Rural Health Clinic: Module 6 – 2016](#)



Introduction to Module 6

- Why was this module developed?
 - Behavioral health services play an important role in the overall health status of rural residents
 - Behavioral health providers are eligible for cost-based Medicare and Medicaid reimbursement under the RHC program
 - The RHC can serve as a medical home, integrating both physical and behavioral health
 - Telehealth services can be used effectively
 - This module serves as a guide to assist SORHs in providing technical assistance to RHCs with integrating behavioral health services

Target Audience & Objectives



Audience

- State Office of Rural Health (SORH) staff with experience/interest in working with RHCs to provide information and models for successfully supporting or incorporating behavioral health services into an RHC

Objectives

- Identify current RHC regulations regarding the provision of behavioral health services in the RHC setting.
- Review current requirements in the RHC regulations regarding the types of behavioral health providers eligible for reimbursement in the RHC.
- Discuss how an integrated primary care/behavioral health model can be implemented to effectively meet patient needs.
- Identify benefits and challenges of integrating behavioral health services in the RHC.
- Review the Medicare, Medicaid, and commercial reimbursement policies for the use of Telehealth services in the RHC.
- Provide a list of behavioral health resources.



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What Does the Evidence Tell Us?



- Need for integration across medical/behavioral health
- Renewed national interest as a result of PCMH and accountable care
- No single model is right for all providers and settings
- Integration at the provider level is a work in progress
 - Assess readiness for integration and implement an appropriate model. With experience, move up the continuum as appropriate
- We need a reimbursement model for integrated care that:
 - Pays for care regardless of a provider's location on the continuum of integration
 - Makes sense for funders, payers, providers, and consumers
 - Is sustainable through adequate reimbursement rates for all components of care

Functional Aspects of Integration



- Clinical – more easily implemented in rural areas
 - Regular communication
 - Use of critical pathways or practice guidelines
 - Internal referral process
 - Common screening tools, treatment plans, and models
 - Shared medical information
 - Collaborative decision making
 - Consultation and education
- Structural – less easily implemented without resources
 - Co-location (e.g. shared space)
 - Fully integrated (one organizational structure/employed staff)
 - Single medical record
 - Shared billing and scheduling systems
 - Shared risk



Issues to Keep in Mind

- BH and PC providers speak different coding languages
- BH and PC providers diagnose differently
- Integrated care involves two components
 - Direct services that are typically reimbursable and integrative services that are not typically reimbursable - must balance the two
- Allowable providers and 3rd-party payers
 - Medicare - psychiatrists, MDs/DO, PAs, NPs, LCSWs, and PhD psychologists
 - Medicaid – may be more flexible (e.g., LCPCs) based on state policies
 - Commercial payers vary in types of providers allowed
- RHCs are allowed Medicare cost-based reimbursement for BH services are not eligible for cost-based reimbursement as a distant telehealth sites

How to Begin?

- Decide what your goals are and prioritize them
 - Expand access to behavioral health services?
 - Provide direct care vs. consultative services for PCPs?
 - Improve primary care provider productivity?
 - Improve treatment of patients with chronic diseases?
 - Improve coordination of care?
 - Reduce primary care utilization
- Determine the best ways to achieve each goal
 - Start simply and evolve with experience
 - Avoid competing for necessary resources

How to Begin? (cont'd)

- Understand behavioral health reimbursement policies
 - Use of behavioral health procedure and diagnostic codes
 - Policies implemented by third party payers to control costs (e.g., prior authorization, limitations on # of visits, paperwork requirements, etc.)
 - Recognize which types of providers are reimbursable by payers
- Understand and focus on reimbursable treatment modalities
 - Mental health services - Evaluation, psychotherapy, medication, E&M services
 - Cognitive, emotional, social, or behavioral issues affecting management of physical health problems – health and behavioral health assessment and intervention
 - Support services – care management
- Focus on developing a team approach to service delivery
 - Have each provider working at the top of his/her license or skill set



How the SORH Can Help

1. Provide RHCs with examples of successful models of integration. The Substance Abuse and Mental Health Services Administration (SAMHSA) provides a number of articles on several types of models that have been implemented across the country, presentations on lessons learned, discussion on the business case for integration, and several tools.
2. Offer educational opportunities via Webinar, workshop, or conference to ensure that the RHCs in your state understand the Medicare rules for reimbursement of behavioral health services in the RHC.
3. Distribute information on Telehealth services and Medicare reimbursement guidelines.
4. Reach out to the state Medicaid agency to find out about reimbursement for behavioral health services and Telehealth for RHCs in your state and distribute information to RHCs.
5. Identify a coding/billing expert who can assist RHCs with technical assistance and Q & A related to reimbursement.

Resources

- Regulations & other CMS resources
- Related articles
- HRSA/FORHP resources
- SAMHSA
- Links to national organizations working on behavioral health integration
- Articles and publications



Questions?

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