

Dear BHACA Community,

BHACA Blast #43 Headlines:

Monday, September 21: Billing, Collecting and Credentialing Class

Title: Billing, Collecting and Credentialing

Location: Mental Health America of Greater Houston (2211 Norfolk, Suite 810)

Date & Time: Monday, September 21, 2015, 8:30am to 4:45pm (registration opens at 8:00am)

General tuition for non-member participants: \$100 (includes lunch and CEUs if desired)

Discounted tuition for NBHP member agency employees: \$70 (includes lunch and CEUs if desired)

Honoring Our Collaborators: Thanks to MHMRA of Harris County and Beacon Health Options, for working with the BHACA team (Network of Behavioral Health Providers and Mental Health America of Greater Houston) to make this day of training possible!

Register to reserve your spot: <http://bit.ly/BillingSeptember>

Stay tuned for more information regarding class content!

In preparation for your billing for behavioral health services with ICD-10-CM codes beginning October 1, 2015, the BHACA team has prepared the following guidance on the BHACA Blog: “o to 6omph on ICD-10: A Roadmap for Behavioral Health Clinicians.”

BHACA Blast #43 Featured Outcome Measure: U.S. Department of Veterans Affairs' [PCL-5: PTSD Checklist, updated for the DSM-5](#), for support in screening individuals for PTSD, making a provisional PTSD diagnosis and/or monitoring symptom change during and after treatment.

Happy Summer!

The BHACA Team

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NBHP website – www.nbhp.org

MHA website – www.mhahouston.org

BHACA: Integrated Health Care (IHC)

- ***Upcoming Webinars from the SAMHSA-HRSA Center for Integrated Health Solutions:***
 - ***The Primary Care Provider's Role in Preventing Suicide***
Date & Time: Monday, August 24, 12:30 PM Central time
To Register: [Click here](#)
Presenters: Julie Goldstein Grumet, PhD, Director of Prevention and Practice, SAMHSA funded Suicide Prevention Resource Center, Education Development Center; Virna Little, PsyD, LCSW-r, SAP, Senior Vice President, Psychosocial Services and Community Affairs, The Institute for Family Health
Description:
Individuals thinking about suicide can fall through the cracks of fragmented systems. Primary care physicians can play an important role in assessing and managing suicide risk given that nearly half of those who die by suicide are in contact with a primary care physician within one month of their death. Join this advanced practice webinar to learn how to move beyond the basics of suicide prevention toward real implementation strategies to improve systems of care to achieve zero suicides. Dive into seven essential elements of suicide care with Zero Suicide, a comprehensive approach to suicide prevention in health and behavioral health systems. In preparation for this webinar, we **strongly encourage** participants to become familiar with Zero Suicide by reviewing the Zero Suicide [website](#) and [The Emerging Zero Suicide Paradigm Webinar](#).
 - ***Strategies for Early Intervention and Treatment for Adolescent Alcohol Use in Health Centers***
Date & Time: Thursday, September 3, 12:30 PM Central time
To Register: [Click here](#)
Presenters: Shannon Gwin Mitchell, PhD, Senior Research Scientist, Friends Research Institute, Inc.; Tosan Oruwariye, MD, MPH, MSc, Executive Vice President and Chief Medical Officer, Morris Heights Health Center; Laura Brey, Vice President for Strategy and Knowledge Management, School-Based Health Alliance
Description:
Alcohol remains the substance most widely used by today's teenagers. Despite recent declines in use, seven out of every ten students (68%) have consumed alcohol (more than just a few sips) by the end of high school, and three out of ten (28%) have done so by 8th grade. With growing evidence of the poor long-term health outcomes for individuals who engage in significant alcohol use during adolescents, this remains a significant public health issue. In many communities, health centers play a key role in the health care of adolescents. They also provide a unique opportunity to prevent and intervene earlier with adolescents who may be using alcohol. This webinar will provide both practical and research-based information on how to implement alcohol prevention and treatment services for adolescents in health center settings. The presenters will provide examples of how to talk with adolescents and keep them engaged in services. Please join us for this webinar as we delve deeper into how health centers can assist in curbing adolescent alcohol use.

- ***First Meta-Analysis of Integrated Care for Youth*** – *JAMA (The Journal of the American Medical Association) Pediatrics* has just published the first meta-analysis of integrated care for children and adolescents. Combining results of 31 studies on IHC for children and adolescents, the researchers found that IHC led to better outcomes than traditional, non-integrated primary care. To read more about the analysis, conducted by UCLA researchers, please [click here](#).
- ***Advancing Integrated Behavioral Health Care in Texas and Maine: Lessons from the Field*** – Co-authored by Rick Ybarra of the Hogg Foundation for Mental Health and Becky Hayes Boober of the Maine Health Access Foundation, [this Health Affairs blog post](#) highlights lessons at the policy, organizational, and clinical practice levels learned from years of working with organizations integrating care.

BHACA: Choosing a Certified Electronic Health Record System

- ***EHR Vendors Weigh-In on the Proposed Rule for the ONC’s Stage 3 of Meaningful Use and 2015 Certification Criteria*** – The Office of the National Coordinator (ONC) released their 2015 Edition Health IT Certification Criteria and the proposed rule for Stage 3 of the Meaningful Use EHR program this past spring. Many EHR vendors are concerned that the proposed rule has too many new requirements that are not fully vetted by the community and are beyond the scope of meaningful use. While the 2015 edition emphasizes that it is a more flexible certification program to support developer innovation, vendors worry that the timeframe in which they must develop, test and get certified poses a significant challenge that will actually redirect resources that could have been used for technology advancements. To read more about what these new rules and regulations mean for EHR certification, please [click here](#).

BHACA: Maximizing Third Party Funding Streams Revenue—Resources Related to Insurance Billing and Credentialing

- ***Proposed Medicare Rule Would Pay for Elements of Collaborative Care*** – On July 8, CMS released its Proposed Rule for the Calendar Year 2016 Physician Fee Schedule. The Proposed Rule includes allowing payment within the Medicare program for two key elements of collaborative, integrated care – the care manager and the psychiatric consultant. Although this change will directly impact only Medicare beneficiaries, it is still a step forward in terms of sustainable financing for IHC. Furthermore, Medicare is often a “testing ground” for innovations that will later take hold among other payers. To read a blog post on the Proposed Rule and access links to federal documents regarding the Proposed Rule, please [click here](#).
- ***Demonstration Program to Improve Community Mental Health Services Would Implement Prospective Payment System*** – The Substance Abuse and Mental Health Services Administration (SAMHSA) and the Department of Health and

Human Services (HHS) are overseeing a two-year project in which states establish Certified Community Behavioral Health Clinics (CCBHCs) and implement a Prospective Payment System (PPS). Initial planning grants (up to one year) will be awarded to develop processes to certify CCBHCs, establish a PPS for Medicaid-reimbursable behavioral health services and to prepare applications. The two-year project should help SAMHSA and the Centers for Medicare and Medicaid Services (CMS) to evaluate its outcomes and cost effectiveness. To learn more about PPS and the Demonstration Program, [click here](#).

BHACA: Outcome-Based Evaluation

- **Psychosocial Interventions for Mental and Substance Use Disorders: A Framework for Establishing Evidence-Based Standards** – The Institute of Medicine’s Committee on Developing Evidence-Based Standards for Psychosocial Interventions for Mental Disorders stresses the need for a standard framework of evidence-based quality measurements in psychosocial interventions as a key component of consumer-centered approach to care. Specifically, Section 5 provides information on defining and developing outcome measures as well as identifies some measures used in recovery (RAS), patient experiences of care (ECHO, CAHPS, MHSIP), reduction/remission of symptoms (PHQ-9), and functioning/well-being (SF-36). To download a free copy and read more: [click here](#).
- ***Building Evaluation Capacity Among Integrated Health Care Organizations*** – In a new [summary report](#) and [an accompanying blog post](#), the Hogg Foundation for Mental Health highlights evaluation technical assistance and capacity-building building efforts undertaken with organizations integrating primary and behavioral health services around the state, including lessons learned and recommendations for overcoming barriers to evaluating outcomes.
- ***BHACA Blast #43: Featured Outcome Measure – PCL-5, PTSD Checklist for DSM-5***
The PCL-5 is a 20-item measure that assesses the 20 DSM-5 symptoms of post-traumatic stress disorder (PTSD). The PCL-5 helps clinicians screen individuals for PTSD, make a provisional PTSD diagnosis and/or monitor symptom change during and after treatment. While the gold standard for diagnosing PTSD is a structured clinical interview like the Clinician-Administered PTSD Scale (CAPS-5), the PCL-5 offers a method to quickly screen for PTSD.
The measure can be broken down into 5 clusters:
 - Criterion A assessment
 - Cluster B – Items 1-5
 - Cluster C – Items 6-7
 - Cluster D – Items 8-14
 - Cluster E – Items 15-20
- **For which populations/age(s) is the PCL-5 appropriate?**
The target population for this measure is adults. For trauma and PTSD measures specifically for children and adolescents, [click here](#).

- **How is the PCL-5 administered and scored?**

The PCL-5 can be administered in one of three formats and takes approximately 5-10 minutes to complete:

- Without Criterion A, (brief instructions and items only), which is appropriate when trauma exposure is measured by some other method.
- With a brief Criterion A assessment
- With the revised Life Events Checklist for DSM-5 (LEC-5) and extended Criterion A assessment

The scoring and interpretation of the PCL-5 should be done by a clinician in a variety of methods:

- Sum the scores of each of the 20 items to give a *total symptom severity score* (range: 0-80)
- *DSM-5 symptom cluster severity scores* can be obtained by summing the scores for the items within a given cluster.
- To make a *provisional PTSD diagnosis*, each item/symptom rated as a 2 (“Moderately”) or higher is considered endorsed. Then, the clinician can follow the DSM-5 diagnostic guidelines, which requires at least 1 B item, 1 C item, 2 D items, and 2 E items.

In general, the optimal PCL-5 cut-points (meaning any individual who scores above the cut-point should be diagnosed further for PTSD) appear to be 11-14 points lower than PCL for DSM-IV cut-points, with closer to an 11-point difference for more stringent cutoffs and closer to a 14-point difference for more lenient cutoffs. A PCL-5 cut-point of 38 is proposed by the U.S. Department of Veterans Affairs as a reasonable value until further research is available.

- **Is the PCL-5 proprietary?**

No! You can obtain a copy of the PCL-5 [here](#). Please note that access to this measure is typically reserved for those who hold at least a master’s degree in a clinical discipline or higher. Access to these measures requires proof of clinical status or research credentials.

- **Any additional resources?**

Changes from the PCL used with the DSM-IV to the PCL-5 as well as other information can be found [here](#).

About BHACA: The Behavioral Health Affordable Care Act (BHACA) Initiative is a major collaborative endeavor of the Network of Behavioral Health Providers (NBHP) and Mental Health America of Greater Houston (MHA) designed to support Greater Houston area mental health and substance use providers in responding to the Patient Protection and Affordable Care Act and other recent healthcare reforms across four domains: (1) enhancing and increasing the delivery of integrated health care (IHC), (2) maximizing third party funding streams revenue, (3) adopting certified electronic health record (EHR) systems, and (4) developing outcome-based evaluations. The BHACA Initiative is generously funded by Houston Endowment Inc., The Meadows Foundation the United Way of Greater Houston Community Response Fund and the Rockwell Fund.