



South Carolina Behavioral Health Coalition

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## Behavioral Health/Primary Care Outpatient Alignment

Meeting Date: August 23, 2018

Chair: Pete Liggett, PhD, DHHS

Co-Chair: Bob Bank, MD, DMH

### OVERALL GOALS:

- **Improve Access To Crisis Behavioral Health Services For Patients In SC Communities**
- **Improve Primary Care Provider Ability And Comfort In Treating And Managing Behavioral Health Illnesses**
  - Possibly develop a plan for the Medicaid Primary Care Codes for collaborative care by the end 2019
    - FOCUS ON THE 3 COLLABORATIVE CARE CODES ONLY 999492, 99493,99494)
    - Note other insurers are using the collaborative care codes
    - Who owns the treatment (PCP owns the treatment and is billed)
  - Create an environment that is able to use the collaborative care codes
    - Ensure the link continues between the Primary care and behavioral health specialist
    - Telehealth for collaborative care model
    - You don't have to be on an insurance panel as a psychologist. The primary care provider pays the psychologist 4 hours a week and the provider bills for the patient care
      - TeleEcho is billable (separate piece)
    - CareSouth is billing separately. Co-located integrated care
    - Everyone bills their own assessment (This could be a cost savings for Medicaid)
    - Opens up the ability to use mastered level clinicians (can use LPC because it is billed under the primary care)
    - Monthly finance billing center at the AIMS center
  - Leadership role in ECHO? (possibly the primary care providers)
    - Possibly funding through the telehealth alliance
    - Licensed addiction counselor can be transitioned into the regulations. Make sure the providers are added.
  - Assist with creating policies and ensures appropriate use of the codes
  - Look at integrated care models not requiring money
    - COZI program: Does not take grant dollars because of lack of sustainability
  - Integrated Medical Record
  - Workforce development (Workforce for Health)
  - What can we do for the uninsured/selfpay
- **Improve Communication To And Among Providers About Patient Prescriptions**
- **Improve Availability Of Overdose Reversal Medication For First Responders**
- **Eliminate Easy Access To Unused Narcotic Medications**

