

Provider Press

News You Can Use

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Spring 2018

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We hope you find our new publication of Provider Press helpful and insightful. On a quarterly basis, we will cover important updates, upcoming trainings and topics of interest to our Provider network. Your network management staff are continuing to enhance communication opportunities. We welcome your feedback on information that is important to you to ensure we are providing you with relevant and timely information.

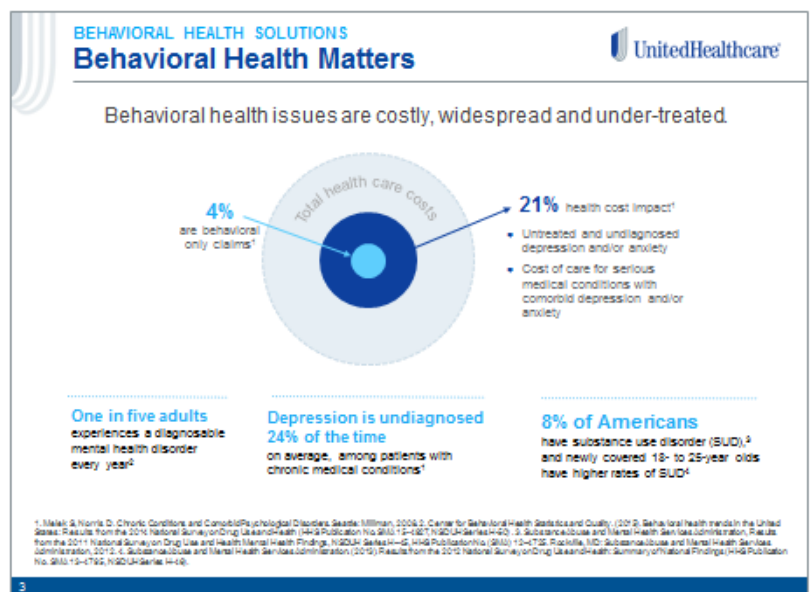
Behavioral Health Integration:

Primary Care and Specialty Behavioral Health

Optum Idaho has embarked on bringing another new service to Idaho: Behavioral Health Integration. As part of bringing this new service, Optum has been partnering with the Idaho Integrated Behavioral Health Network to bring training to our providers in each region. Watch for more information coming your way in the near future! In the meantime, here's some information to pique your interest.

Why is Behavioral Health Integration important?

Behavioral health is essential to overall health and really cannot be separated out. There is a high concurrence of mental/behavioral health problems with physical disorders. One in five adults experience a diagnosable mental health disorder every year and on average, among patients with chronic medical conditions depression is undiagnosed 24% of the time. Chronic illness accounts for 75% of U.S. health spending and behavioral factors are among the leading causes of chronic illness and mortality.



Behavioral health conditions lead to more deaths than HIV, traffic accidents and breast cancer combined.

In 2015, Idaho had the 5th highest suicide rate in the country, 57% higher than the national average. Suicide is the 2nd leading cause of death for Idahoans age 15-34 and for males age

10-14. Nearly two-thirds of those who need mental health or substance use treatment are first seen in general medical settings.

Behavioral Health Integration is not just about reducing costs, but about improving our member's quality of life and perhaps in some cases saving lives.

What is Behavioral Health Integration?

Integrated Primary Care combines medical and behavioral health services to more fully address the spectrum of problems that patients bring to primary medical care. Primary Care providers working in close collaboration with specialty mental health providers are ensuring individuals will receive clinically appropriate services that are patient-centered, comprehensive, coordinated, and accessible. Models of Behavioral Health Integration fall along a continuum but there are basically three primary types. First is the Collaboration/Coordination model where patients are referred to a provider at another practice site, and providers have minimal interaction, but do periodically communicate about shared patients.

The second model is the Co-located model. In this model, providers share the same facility but maintain separate cultures and develop separate treatment plans for patients. In this model, providers share records in a more fluid manner than the Collaboration/Coordination model.

The third model is, as you would guess, the Integrated Model. In this model, there is

close collaboration with several aspects of the practice. Providers develop and implement collaborative treatment planning for not just their shared patients but strive to develop and implement collaborative treatment planning for all patients served.

At its highest level, in a fully merged and integrated practice, behavioral health providers are on the "floor" with primary care physicians and other medical personnel and available for warm-handoffs, quick consultations, addressing health behavior changes with patients, assisting with crisis mental/emotional issues in the clinic, and assist clinic as liaison with community mental health referrals and follow-up.

It is important to note that Behavioral Health Integration is not a replacement for traditional, specialty behavioral health. In a fully integrated model, the behavioral health services are provided in a brief, solution-focused model. Referrals to outside specialty behavioral health practitioners actually increase as member's needs are correctly identified and the clinics refer to the appropriate community behavioral health providers.

Benefits

Behavioral Health Integration has significant benefits.

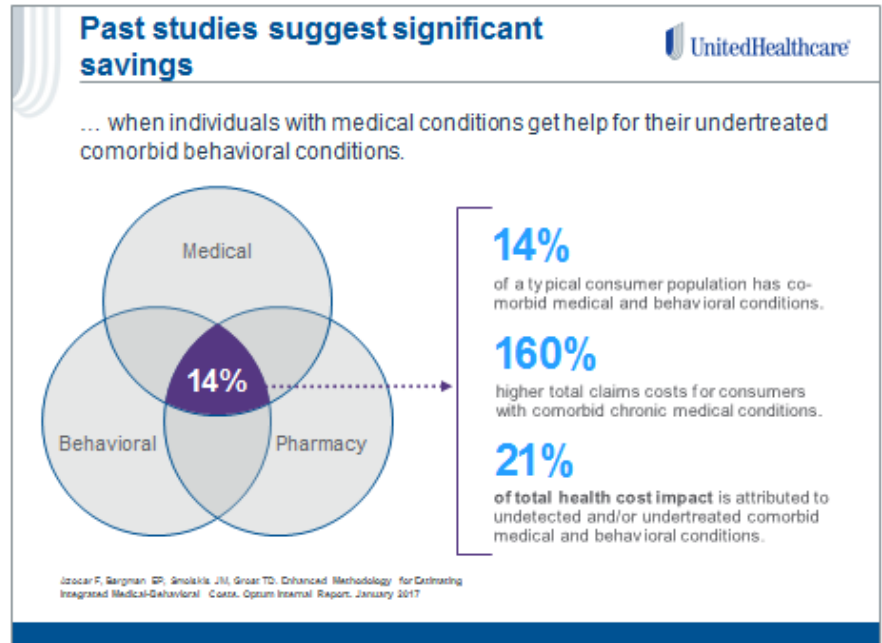
- Quality of care: improves as patients receive the correct treatment that they

need, when they need it.

- Reduction in costs: prevents expensive and avoidable hospitalizations,

emergency room visits and complications. This is especially true for patients with complex chronic conditions.

- Improved patient experience: provides the personalized, comprehensive coordinated care that patients want.
- Greater staff satisfaction: fully integrated clinics have systems and structures that help staff work more efficiently.



Considering that roughly 20% of Idahoans are receiving Medicaid benefits, we have an unparalleled opportunity to positively effect change in the lives of those we share our state with. For questions regarding Behavioral Health Integration, please contact Optum_Idaho_Network@optum.com.

Youth Empowerment Services (YES): System of Care

Are you interested in providing Respite? _____

Respite is now a Medicaid-reimbursed service for children and adolescents who meet functional, diagnostic, and Medicaid eligibility requirements. Respite is a short-term or temporary care for a youth with serious emotional disturbance (SED) provided in the least restrictive environment that provides relief for the usual caretaker and that is aimed at de-escalation of stressful situations. Respite can be provided individually in the participant's home, another home, the agency, or in a community location not institutional in nature, such as a park. It is also available as a group service at a ratio of 1:4, but can only be provided in the agency or community. If all recipients are family members, group respite is allowed to be rendered in the participant's home. All recipients can receive up to 300 hours (group

and individual combined) of respite per calendar year and it can be provided up to 72 hours at a time.

Optum is hoping to expand the network to include more respite agencies throughout the state. If you are interested in adding this service to your Optum contract, please ensure your respite staff members log onto Relias beginning April 1 to complete a required web-based training. This training outlines requirements and individual provider expectations for rendering respite. Proof of training completion must be submitted to your Regional Network Manager as part of the contracting process. If you or your staff need a Relias user account please visit optumidaho.com > **For Network Providers** > **Relias and OptumHealth Education**.

Additionally, to be contracted all respite providers must have completed:

- Background check
- First Aid certification
- CPR certification
- Experience with children with mental

- health issues and their families
- 4 hours annual continuing education
- Monthly supervision

Respite providers must be at least 21 years old and must adhere to all agency policies and procedures pertaining to respite.

CANS Training

We are beginning the transition to the Child and Adolescent Needs and Strengths (CANS) assessment now! Starting July 1, 2018 Master's level clinicians who are CANS certified and use the tool will be reimbursed by Optum. In conjunction with the Comprehensive Diagnostic Assessment (CDA), the CANS will be utilized to determine functional needs for youth.

To support agencies with this transition, Optum is partnering with the Praed Foundation to offer complimentary in-person and web-based trainings prior to July 1, 2018. These sessions

will offer flexible, foundational training for clinicians, paraprofessionals, and administrative staff.

All Master's level clinicians who render the CANS will also need to obtain online certification for an annual fee of \$12 and can do so at www.tcomtraining.com. The Praed in-person and on-demand trainings do not take the place of the certification, but rather offer insight and information that can be useful for the certification.

COURSE	LENGTH	TARGET PARTICIPANT	BOISE	BOISE	POCATELLO	MOSCOW
CANS General Overview	1 day	All Staff	4/30	5/7	6/11	6/18
CANS Treatment Planning	½ day	MLC ¹ , CS ²	5/1	5/8	6/12	6/19
CANS Supervision	½ day	CS	5/1	5/8	6/12	6/19
CANS Trainer	1 day ³	MLC, CS	5/2	5/2	6/13	6/20
TCOM for Administrators	½ day	Leadership Staff	5/3	5/3	6/20	6/27
CANS Date Reports	½ day	MLC, CS	7/23	7/23	7/25	7/26

¹ Master's level clinicians; ² Clinical Supervisors; ³ Trainer has additional requirements to obtain Praed Trainer certification

We highly encourage providers to attend the in-person trainings. These trainings offer a more experiential and in-depth learning experience and will ensure providers have a strong understanding of how to utilize the CANS functional assessment. The CANS in-person trainings have been pre-approved for continuing education credits. The in-person training schedule is below. Please RSVP to optum.idaho.education@optum.com with agency or business name, names of staff attendees for each class and include licensure and preferred location.

The Praed Foundation's on-demand training for Providers who may not have the flexibility to attend in-person training or who may live outside the training locations can be found at www.tcomtraining.com. Additional overview training modules focused on treatment planning, supervision and data reports will be available on this site in summer 2018.

In addition to the CANS training, Medicaid and the Division of Behavioral Health (DBH) will offer webinar based trainings on ICANS. The ICANS is the novel, secure, electronic, web-based system developed by the Idaho Department of Health and Welfare, Division of Behavioral Health, to administer and manage Idaho Children's Mental Health (CMH) CANS assessments and information. It is the state-approved platform to administer and score the Idaho CMH CANS, and will leverage technology to help support a more coordinated continuum of care in our state. The ICANS will help Idaho clinicians and other providers of children's mental health services to identify, recommend, and plan for the appropriate level of care for children with serious emotional disturbance (SED). In preparation for the statewide use of the ICANS by children's mental health providers, DBH will begin training providers starting June 2018.

Person Centered Plans FAQ

Who needs a person centered plan?

- Current Medicaid participants under 18 who want access to respite care and have received confirmation from Liberty Health Care that they have met requirements to access services as defined in the Medicaid SED Program.
- Individuals not previously enrolled with Medicaid due to income limits, but have completed independent assessment process with Liberty Healthcare to verify SED and have confirmed Medicaid eligibility

How do I refer children and adolescents to get a person centered plan?

- Please refer them to Liberty Health Care at 1-877-305-3469 to get started with an assessment. If needed, send them to www.idalink.idaho.gov to apply for Medicaid coverage. If eligibility from both entities is established, the children and adolescents will be referred to the Division of Behavioral Health to develop the person centered plan

How will I know when the assessment is completed?

- Liberty Health Care will provide a letter outlining the outcome of the assessment and eligibility to the individual/family

Skills Building

Optum Idaho is committed to implementing Skills Building/CBRS as part of the Youth Empowerment Services (YES) System of Care which offers a more robust continuum of care for children and adolescents. Skills Building/CBRS service utilizes a needs based approach in assisting children and adolescents in recognizing and building upon their individual functional assets and strengths to achieve developmentally age appropriate skills to maintain stability in the home and community.

As part of this service, Optum Idaho will partner with established clinical research and educational organizations on identifying and developing Skills Building/CBRS modules that address the five most prevalent serious emotional disturbance (SED) diagnostic groups (Trauma, ADHD, Conduct Disorder, Depression, and Anxiety) among Idaho Medicaid children and adolescents. This program allows Idaho Behavioral Health Plan (IBHP) network providers to access an educational platform with trainings on evidence-based Skills Building/CBRS modules.

We are excited to announce the upcoming provider training on Children's Skills Building/CBRS in partnership with the Psychiatric Rehabilitation Association (PRA).

Training Update

In July 2017 we added some exciting aspects to Relias, the online e-learning portal that we offer for our in-network providers. Since the relaunch, Relias course completions have seen nearly a 50% increase. It is extremely exciting for us to see Relias being utilized more, since it provides high quality continuing education materials free of cost. We are happy more providers are discovering the benefits of Relias, and encourage you to add your license information into Relias if you haven't done so already. Additionally, we will be utilizing Relias to provide on-demand trainings and webinar recordings that are developed specifically for Idaho providers.



Be on the look-out for our new Evidence-Based Practice (EBP) Resource Library in July 2018. In order to promote the use of scientifically established behavioral health interventions, Optum Idaho has developed a clearinghouse of resources for providers to access based on their specific need and clinical judgement. Included in this library are free and paid resources, as well as recommended Relias modules.

Please review the Provider Training page on optumidaho.com for more information on live webinars and in-person training opportunities that Optum Idaho will be hosting throughout the year. We're committed to serving you, our valued provider community and we feel this will help expand the range of behavioral health services for our Members. If you have further questions about training or educational offerings or resources, please contact us at optum.idaho.education@optum.com.

Welcome New Network Staff

Please join me in welcoming Brooke Bennett and Zachary Stahl to the Network Team. Brooke joins as the Provider Network Lead and Zachary will serve as the Provider Network Advocate for Children's Behavioral Health.

Zachary joins the Provider Network Management Team focusing on the Youth Empowerment Services project. In this position, he will be instrumental in working with the Provider Network to keep them apprised of YES updates and will assist the network team with preparing and implementing new services for the YES Project. Zachary joins the Idaho team as an internal transfer from Optum.

Brooke joins the Provider Network Management Team as a Senior Provider Network Lead. She will be responsible for resolving provider issues, managing network operations and serving as the customer liaison. In this position, Brooke will be instrumental in assisting the team with identifying and resolving root causes of claims and contracting issues, facilitating new implementation projects and proactively addressing contract compliance concerns. She joins us from Great Falls, Montana where she was active duty in the Air Force.