Support Strategies for Behavioral Health

Office of Long-Term Living(OLTL) Long-Term Services and Supports (LTSS) Subcommittee Meeting

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Presenter - Heather Clarke, Director Care Management/Behavioral Health

Presenter - Olivia Martin, Senior Director LTSS

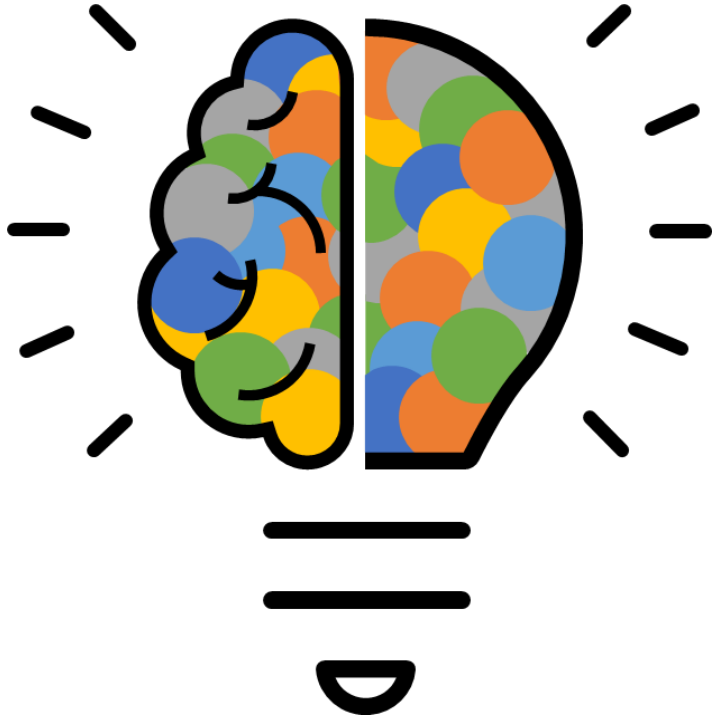
Behavioral Health (BH) Approach

PA Health & Wellness (PHW) utilizes a holistic model that ultimately aims to treat the **whole person**, recognizing that mental and emotional health are inseparable from physical health (PH), and essential for achieving long-term wellness and better health outcomes. This is accomplished through 5 Pillars.

BH Approach

Integrated Care Model

Promotes **collaboration** between physical and behavioral health providers, service coordinators and other treatment team members to ensure mental health conditions like depression, anxiety, or substance use disorders are addressed alongside PH concerns.



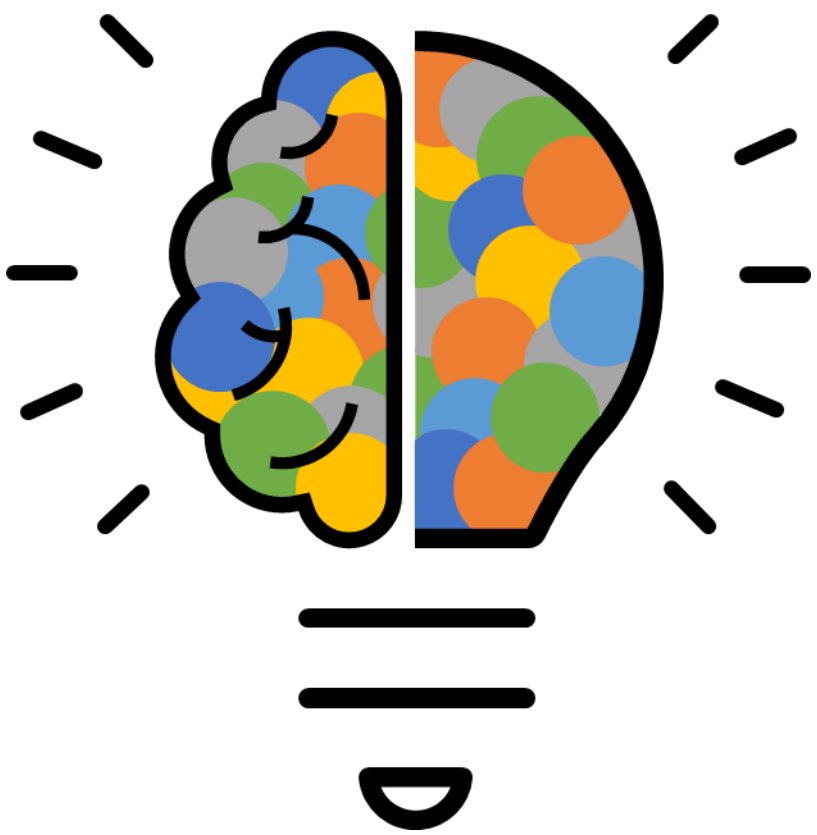
Prevention & Early Intervention

Proactive mental health screening is completed on the initial encounter & subsequentially thereafter to identify and treat BH issues early, preventing them from escalating into more serious conditions.

Social Determinants of Health (SDOH)

Assess for SDOH needs like housing, employment, and food insecurity that impact BH by connecting members to **community-based resources and support services**.

BH Approach (cont.)



Care Management & Support
In addition to Service Coordination (SC), all participants with complex BH needs can receive **personalized care coordination**, with licensed Case Managers to help them navigate treatment, medication adherence, and transitions of care.

Managed Care Organization (MCO) Coordination

The BH Coordinator will coordinate with the BH-MCOs and/or other Medicare MCOs to learn of BH providers best suited to meet the participant's needs in the appropriate setting and modality.

BH Questions & Answers (Q&A)

Has progress been made in accessing BH encounter/utilization data for those enrolled in original Medicare? Not at this time**.** We do continue to investigate options; however, the current data is limited.

Do Community HealthChoices (CHC) MCOs or BH-MCOs cover Medicare funded care/treatment when there is no access to a Medicare BH provider? The BH Coordinator will work with the Medicare MCO and/or BH-MCO to secure a BH provider. PHW coordinates:

- Assessment and treatment of a BH condition when provided by the Primary Care Physician (PCP)
- Medication Assisted Treatment (MAT) for opioid addiction
- Assessment/treatment of Alzheimer's/Dementia
- Support and coordination with families of Alzheimer's/Dementia through the Mind at Home program

BH Q&A (cont.)

Provide an update on how the mental and BH needs of CHC and LIFE participants living in nursing homes are being addressed.

- ❑ The CHC Service Coordinator reviews the Nursing Facility Preadmission Screening and Resident Review (PASRR) Level 1 form, upon enrollment with PHW. If a PASRR Level II is necessary, the SC will collaborate with the Nursing Facility and the Office of Long-Term Living (OLTL) Field Offices to coordinate Specialized Services as recommended.

What is being done to address access issues to skilled nursing care for CHC participants with Serious Mental Illness?

- ❑ The BH Coordinator will work with the BH-MCO to locate mobile mental health services to go into the Skilled Nursing Facility.
- ❑ Telehealth appointments are also being utilized to alleviate access issues.

BH Q&A (cont.)

Do CHC-MCOs monitor to ensure residents do not receive unnecessary and potentially dangerous medications (i.e., when not medically needed) such as antipsychotic, antianxiety, and hypnotic drugs?

PHW pharmacy makes provider outreaches when the following are identified:

- ❑ Drug-Disease
- ❑ Drug-Drug Interaction
- ❑ Duplicate Therapy
- ❑ Excessive Duration of Therapy - Benzodiazepine overuse and non-benzodiazepine hypnotic overuse
- ❑ Inappropriate Use - Opioid with antipsychotic, Opioid with benzodiazepine and muscle relaxer, Opioid with (Gamma Aminobutyric acid) GABA analog, Opioids with benzodiazepines/hypnotics, Opioids with muscle relaxants
- ❑ Lack of therapy – Opioid use without Naloxone (with benzodiazepine), Opioid use without Naloxone (without benzodiazepine), Opioid use without Naloxone (with benzodiazepine)

BH Q&A (cont.)

Are there any required or allowable information sharing among the CHC-MCOs, BH MCOs and Dual Eligible Special Needs Plans (D-SNPs) for care coordination for participants with behavioral health needs? If so, what information is shared? How is privacy protected?

CHC-MCO and BH-MCO Data Exchange

There is a bi-directional daily inpatient notification file that exists between the CHC-MCO and BH-MCOs that is submitted through a secure File Transfer Protocol.

D-SNP Data Exchange

There is a bi-directional daily Admission, Discharges and Transfer file that exists between the CHC-MCOs and Medicare plans.

Substance Abuse and Human Immunodeficiency Virus (HIV) diagnosis are suppressed.

BH Q&A (cont.)

What training do SCs and other CHC-MCO staff receive on BH, BH stigma, implicit biases etc. for interacting with people with BH needs?

- BH 101
  - Includes overview of common BH diagnosis, BH stigma, overview of BH service types
- Suicide Awareness and Screening
- Depression Awareness and Screening
- BH-MCO Overview and Resource Info
- BH Escalation Techniques
- BH Crisis and How to Respond
- Motivational Interviewing Techniques

BH Q&A (cont.)

Are there any efforts to identify and help participants (including participants receiving home and community-based services and participants living in nursing homes) at risk of suicide? Are suicide rates tracked for CHC populations?

All staff who interact directly with participants are trained to recognize early warning signs of suicide and follow appropriate protocols when concerns are identified.

PHW also employs predictive modeling to proactively identify individuals at risk for suicide. When a participant is flagged, a Licensed Clinical Social Worker (LCSW) reaches out to assess for suicidality and offer support through the Choose Tomorrow program.

Participants who choose to enroll receive comprehensive care management services, including regular outreach, assessments, education, access to resources, referrals, and assistance with treatment.

Suicide rates and attempts are continuously monitored, and this data informs ongoing updates to the predictive modeling used in the Choose Tomorrow program.

BH Q&A (cont.)

How do the CHC-MCOs provide incentive to their contracted providers to encourage the joint offering of BH and PH Services and what are the parameters that have been established to determine compliance with Department of Human Services/OLTL expectations for this type of collaboration? PHW doesn't have any formal incentives for contracted providers to encourage joint BH and PH services. Given that BH is carved out of the CHC program and service coordination is required to coordinate BH services as well as monitor and coordinate physical health services, we follow OLTL guidance for the coordination of both needs when presented.

What type of restraints are used and what type of reporting is required by Skilled Nursing Facilities when used on residents with Psychiatric Dx's? PHW does not require reporting on restraints, but the nursing facilities monitor the application and removal of mechanical restraints, details about how the individual is being monitored, the presence of a physician's order, and criteria for release or discontinuation of restraints.

BH Q&A (cont.)

How are prescribed psychoactive medications monitored for the CHC enrollees relative to their identified diagnosis?

Symptom Tracking Relative to Diagnosis:

- Are target symptoms improving? (such as reduced hallucinations in schizophrenia, improved mood in depression)
- Are any new symptoms emerging, possibly indicating side effects or misdiagnosis?
- Clinicians often use standardized rating assessments.

Side Effects and Safety:

- Regular assessments for common side effects such as metabolic monitoring with antipsychotics, and mood shifts with antidepressants.
- Lab tests such as lithium levels, Complete Blood Count (CBC) for clozapine, and glucose/lipid panels.

Adherence and Compliance:

- Discussions about missed doses, challenges with the regimen, or lack of perceived benefit.
- Review of pharmacy claims for lapses in medication refills.

Mental Health & Cardiovascular Pilot

Cohort: Participants who have a mental health diagnosis and history of a stroke

Population Identification: Data from Plan-Developed Dashboard which incorporates data from claims & the CHC Comprehensive Needs Assessment which allows for diagnosis filtering

Four Prong Approach

Mental Health & Cardiovascular Pilot (cont.)

Care Team Coordination

- Communication with providers to coordinate services and avoid duplication of services, with case conferences as needed
- Encouragement of attending in-person visits with BH provider and Primary Care
- Coordinate transportation as needed

Lifestyle Management

- Nutrition
- Weight Management
- Smoking Cessation
- Stress Management Techniques

Mental Health & Cardiovascular Pilot (cont.)

Health Management

- ✓ Includes both PH and BH needs
- ✓ Coordination and education on completion of labs
- ✓ Patient Health Questionaire-2 (PHQ-2) is completed on every outreach to monitor depression levels
- ✓ Assistance in locating and scheduling with BH providers & other specialties
- ✓ Self-Management Techniques

Medication Management

- ✓ Medication reconciliation occurs at every outreach
- ✓ Pharmacy claims monitoring for any irregularities or lapses in refills
- ✓ Education on importance of medication adherence

Questions ?

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