What is Integrated Care?
According to Substance Abuse and Mental Health Services Administration (SAMHSA), Integrated Care is the systematic coordination of general and behavioral healthcare. Integrating Mental Healthcare, Substance Abuse treatment, and Primary Care provides the best outcomes and most effective approach to caring for people with multiple healthcare needs.

There are many forms of integrated care that range from providing educational resources to clinicians, facilitating referrals, co-locating clinicians in the same setting, coordinating care across providers and systems and collaborating jointly to decide on treatment.

Why Do We Integrate Care?
- It is the right thing to do.
- Many people in the broader community now receive their behavioral healthcare in a primary care setting, and the gap between medical and behavioral healthcare systems must be bridged.
- There is the opportunity for quality improvement of care within the primary care and specialty behavioral healthcare settings.
- Many people being served by public behavioral health services need better access to primary care.

Community health centers serve people who need better access to behavioral healthcare.
Behavioral health clinicians are a resource for assisting people with all types of chronic health conditions.
Studies show that providing integrated care results in better outcomes.

People with mental and/or substance abuse disorders may die decades earlier than the average person.

Mostly from untreated and preventable chronic illnesses such as hypertension, diabetes, obesity and cardiovascular disease. These illnesses are aggravated by poor health habits such as inadequate physical activity, poor nutrition, smoking, substance abuse.

Barriers to primary care coupled with challenges in navigating complex healthcare systems have been a major obstacle to care.

http://www.integration.samhsa.gov/about-us/what-is-integrated-care
How does Nebraska Total Care help?

- Our Integrated Case Management staff will help coordinate information exchange between all treating providers at varying levels of care.
- When permitted by law, we will forward discharge information to all providers following a behavioral health inpatient stay.
- We have developed a simple form for providers' use.

How can you help?

- Contact us if one of the members you serve is experiencing access to care issues.
- Partner with our Case Management staff to re-engage members who seem less than willing or seem unable to follow medical or behavioral health treatment recommendations.
- Participate in care team member staffing or team meetings with us.
- Obtain additional training on what Integrated Healthcare truly is and how you can be more involved.
- Provide information to the member’s PCP when
  - Prescribing medication
  - A substance abuse problem exists
  - Member’s behavioral health condition may resemble a medical condition
  - Member’s progress toward meeting their goals is established

Communication with the PCP

Nebraska Total Care (NTC) requires Primary Care Physicians (PCPs) to consult with their members' behavioral health providers.

Communicating this information at the point of a referral or during the course of treatment is encouraged, with the member’s consent, when required.

Practitioners/Providers should refer members with known or suspected untreated physical health problems or disorders to their PCP for an examination and treatment.

Forms to assist in this integrated communication between providers can be found at: [www.NebraskaTotalCare.com/providers/resources.html](http://www.NebraskaTotalCare.com/providers/resources.html)
Continuity of Care Period

Beginning January 1, 2017, Nebraska Total Care will honor Medicaid authorizations made prior to 01/01/17 for continued services, through the Continuity of Care Period. If an authorization expires prior to the end of the Continuity of Care period, NTC will conduct reviews on these authorizations. At that time, we may reach out to you to discuss:

- Treatment plans
- The effectiveness of the services the members are receiving
- Follow up care and discharge plans
- Conducting Medical Necessity reviews for the current authorization

It is important to note that the timeframe of honoring the existing Medicaid authorizations will depend on the benefits and/or services the member is currently receiving and the results of any Medical Necessity reviews that are conducted by NTC.

Covered Services

Guidance on covered services including billing codes, can be found online at: www.NebraskaTotalCare.com

Be sure to refer to www.NebraskaTotalCare.com online to verify whether or not an authorization is needed for a service being provided; request authorizations as necessary. This provides all information needed to determine:

- What services are covered
- What services require prior authorization and/or concurrent review
- What locations each service is allowed in

Continuity of Care FAQs:

Q: Should I submit my claims with the Magellan authorization number?

A: Claims should not be submitted with an authorization number.

Q: Will a new authorization number be provided to me and how will I receive this information?

A: We will be issuing authorizations and systematically assigning authorization numbers. Notice of Coverage is not sent on a systematic authorization load. Providers should be able to view authorizations via the web portal.

Prior Authorization

- For standard treatment requests, Nebraska Total Care will make a determination within 14 calendar days after the receipt of the request.
- For requests MEETING criteria, the provider will be notified of approval and authorization.
- For requests NOT MEETING criteria, Peer Reviewers will conduct reviews within the level of care turn-around time standards.
- For Adverse Determinations, Nebraska Total Care will notify provider verbally and in writing with the appeals process within 24 hours of the determination.

Prior Authorization Tips

Ensure that the code requested for authorization is a covered service according to your contract.

Once an approved authorization is on file for a service ensure the following:

- Claim is being billed inside authorized dates/units.
• Additional units are requested as needed after exhausting the currently approved units. This must be done prior to the service being provided using the Outpatient Therapy Request (OTR) form online or calling for a Clinical Live Review.
• The claim is being billed for the procedure code requested on the authorization.

Inpatient, Partial Hospitalization Program and Psychiatric Residential Treatment Facility Authorizations

• All Inpatient, Residential, Therapeutic Group Home, and Partial Hospitalization Program reviews are conducted via live telephonic review.
• Must call Nebraska Total Care within 24 hours of an emergent inpatient admission; after-hours calls will be taken and authorized the next business day when a live review is done.
• InterQual medical necessity criteria are applied to all mental health cases, and American Society of Addiction Medicine (ASAM) criteria are applied to all chemical dependency cases.
• Nebraska Total Care focuses on collaborating with providers to ensure the best care and outcomes possible, and coordination with our ICM/CC staff is imperative.

Outpatient Treatment Request (OTR) Form

WHEN TO COMPLETE AN OTR
• Outpatient Treatment Request (OTR) forms will need to be completed for all services that require prior authorization and for any service being provided by a non-participating provider per Pre-Auth Check
• An OTR can be submitted up to two weeks (14 days) prior to the date of service
• The OTR form and Pre-Auth Code Check are posted online at www.NebraskaTotalCare.com

OTR OBJECTIVE GOALS ARE SMART
• SPECIFIC - Who, what, when, where and how
• MEASURABLE - Intensity, frequency, duration of symptoms
• ATTAINABLE - Within the member’s scope for the current treatment episode
• REALISTIC - Is the bar set too high or too low for this member?
• TIMELY - Is it an opportune time for the member to pursue the identified goals?
ELEMENTS OF AN OTR

<table>
<thead>
<tr>
<th>MEMBER &amp; PROVIDER INFORMATION IN FULL DETAIL</th>
<th>DSM-5 DIAGNOSIS OR APPLICABLE ICD-10 CODE</th>
<th>FUNCTIONAL OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>THERAPEUTIC APPROACH TO BE UTILIZED</td>
<td>LEVEL OF IMPROVEMENT TO DATE</td>
<td>CURRENT SYSTEMS &amp; FUNCTIONAL IMPROVEMENTS</td>
</tr>
<tr>
<td>RISK ASSESSMENT</td>
<td>CURRENT MEASURABLE GOALS</td>
<td>REQUESTED AUTHORIZATION INFORMATION</td>
</tr>
</tbody>
</table>

- Member and provider identification in full detail
- DSM
  - DSM 5 diagnostic criteria
  - Date first and last seen as well as PCP communication to be included
  - The applicable ICD-10 code is acceptable
- Functional Outcomes
  - 10 questions to be asked of the member or guardian prior to submitting treatment request for continued authorization of services
  - Responses should be from member/ guardian's perspective and not clinician’s observation
- Therapeutic approach to be used with this member
  - Specific evidence based treatment modality to be used
- Level of Improvement to date
- Current symptoms and functional impairments
  - Clinical presentation from the clinician's perspective should be documented here
  - Substances used and dates last used to be included in this section
- Risk Assessment
  - Current suicidality, homicidality and safety planning
  - Indicate if psychiatric evaluation has been completed and if not, please give reason

Current Measurable Goals
- Goals should be measurable and updated/ modified over time
- Use the SMART technique
- Requested Authorization information is on the last page
- Only fill in the items needing pre-authorization at this time
- Frequency (how often is the member seen) and intensity (how long is each session)
- Requested start date of THIS authorization (can be up to two weeks in the future)
- Anticipated completion date of the service
- Can only backdate 1 business day so please send in before you use your last session.
Clinical Programs

Nebraska Total Care offers various clinical programs and tools to support our providers in producing the most effective treatment outcomes for our members.

INTEGRATED CARE TEAM:

We utilize an integrated care team approach to ensure that physical health and behavioral health needs are effectively addressed. The case manager may solicit the input of the multidisciplinary integrated care team (ICT) to address and receive feedback regarding a member’s comprehensive needs. Recognizing that members often have multiple co-morbidities or co-occurring physical and behavioral health conditions as well as other special health care needs, the team employs a holistic and coordinated approach to address the member’s conditions, needs and barriers to care.

PROVIDER BEHAVIORAL HEALTH SCREENING TOOLS:

Nebraska Total Care provides additional training to introduce the providers to some of the screening tools available to assist in determining if the patient presents behavioral health disorders. Screening Tools include:

- CAGE – AID
- OASIS Anxiety Screen
- PhQ2 (Patient Health Questionnaire -2)
- PhQ9 (Patient Health Questionnaire-9)
- SBIRT

HEDIS Measures

- As an NCQA accredited organization, Nebraska Total Care adheres to HEDIS 7 day follow measures when a member has been discharged from an inpatient setting.
- Our expectation is that a member will have a follow up appointment scheduled with a licensed BH professional within 7 days at the time of discharge. Nebraska Total Care Case Management staff are able to assist as needed with scheduling this appointment.
- Additionally, Nebraska Total Care CM staff will follow up with members after discharge to assist with alleviating any barriers to treatment adherence with this appointment.
- Case Management Staff also provide members with discharge tool kits to provide resources related to mental illness, medication adherence, developing a wellness plan, etc...
Clinical Provider Training

Nebraska Total Care provides clinical training for network providers, stakeholders, and caregivers within the Nebraska Total Care network.

- **Cost:** All trainings are provided free of charge.
- **Location:** Trainings are conducted via in person group regional trainings, facility-based trainings and/ or remote webinars.
- The Clinical Development and Training Team can be reached directly at neproviderrelations@NebraskaTotalCare.com to request any of the above training topics or request a new topic.
- To register for a training go to www.NebraskaTotalCare.com.

**Goal** - To support provider’s ability to provide quality services to members through:

- Promoting provider competence and opportunities for skill-enhancement across disciplines
- Promoting member recovery through integrated, member-centered care
- Sustaining and expanding the use of Evidence Based Practices
- Assisting providers in meeting Mandatory State or Licensure Requirements
- Providing Continuing Education credits when applicable

### Current Offerings

- Integrated Health Care
- Behavioral Health 101
- Substance Use Overview
- Diagnosis Specific:
  - ADHD
  - Depression
  - Anxiety Disorders
- Psychotropic Medications
- Poverty Competency
- Physical Health 101
- Recovery Model
- Cultural Competence
- Co-occurring Disorders
- Behavior Management Strategies
- Stages of Change
- Stamp out Stigma
- DSM 5: An Overview of Changes
- Referral and Screening
- Prevention & Early Identification
- Caregiver Strategies
- Grief and Loss
- Titrating Outpatient Services
- Medical Necessity Criteria
- SMART Goals
- PCP Tool Kits
- Behavior Health Screening Tools:
  - PHQ2 and PHQ9 (Depression)
  - CAGE-AID (Substance Abuse)
  - GAD 7 (Anxiety)
  - Vanderbilt (ADHD)
- Suicide Risk & Assessment
- Member Engagement Strategies
  - Motivational Interviewing
  - Positive Psychology