

New York State Collaborative Care Learning Network

Medicaid Case Rate Billing Approval Checklist

Directions

Please complete the following checklist and email it along with a copy of your current Collaborative Care workflow to Amy Jones, Director, Behavioral Health Integration, NYS Office of Mental Health: Amy.Jones@omh.ny.gov. Once your checklist and workflow have been reviewed, you will either be notified of your approval to start billing the monthly Medicaid case rate for depression or contacted with a request for additional information and/or revisions to the checklist or workflow. Once approved, billing will be retroactive to the day your checklist was received.

Staffing

In order to participate in the Collaborative Care Learning Network, proper staffing is required. Please provide the contact information for the team members listed in this table. For more information, see the Team Roles Flyer for definitions of each role.

Role	Name	Degree/ licensure	Email address	Telephone Number
Program Lead				
BH Care Manager				
PCP Champion				
Psychiatric Consultant				
Billing & Data Lead				

The BH Care Manager should have training in one or more of the following psychotherapy interventions. Please indicate in which skills they have been trained:

- True Behavioral Activation
- Problem Solving Therapy
- Cognitive Behavioral Therapy
- Interpersonal Therapy

The BH Care Manager should devote at least .5 FTE to the role. A CM may be shared between sites, but sharing 1.0 FTE between more than two sites is not recommended. If the CM is not available for a minimum amount of time, hand-offs are not consistent, and the CM becomes distant from the Primary Care team. This impacts both provider and patient engagement. If the CM is not available every day, there should be a formal process to supplement the hand-off and for the CM to follow up in a timely manner.

Find a CM job description and details on the recommended type of candidate on the AIMS website:

<https://aims.uw.edu/resource-library/care-manager-role-and-job-description>

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Tracking System

Please indicate how your team intends to track and manage its Collaborative Care caseload of patients. This can be done using pencil and paper, a spreadsheet, a customized EHR or an electronic care registry. See this page for more info: <http://aims.uw.edu/search/node/tracking>. If using a hard copy or spreadsheet system, please attach a copy. The chosen system needs to have the following characteristics:

- Ability to track and manage caseloads toward evidence-based care delivery
- Supports treatment to target (i.e. PHQ-9 score < 10) and caseload review with depression care manager and psychiatric consultant for those not improving
- Supplies reports to program managers and clinical leadership to monitor progress toward goals, including processes of care, quality of care and patient outcomes metrics, # patients enrolled, intensity of clinical contacts, including documentation of psychiatric consultant case reviews, and response to treatment for the population served
- Able to supply de-identified reports to outside auditors to demonstrate regulatory compliance, intensity of clinical contacts, and outcomes

Provide a description of your tracking system in the space provided and attach any relevant documentation.

Workflow

Please submit your Collaborative Care workflow along with this checklist. In addition to the basic Collaborative Care workflow elements, the reviewers will also be looking for the following processes to be addressed:

- Consistent PHQ-9 administration (75% or more), review, and recording of scores
- Ability to do a live warm connection (warm handoff) between PCP and care manager some or most of the time and plan for when this is not possible
- Communication plan in place for getting PC recommendations to the PCP and monitoring the PCP's response
- Care manager competency in at least one brief, evidence-based intervention

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Case Review

A key component of Collaborative Care is the weekly, 1-hour systematic case review of patients who are not improving between the care manager and the psychiatric consultant. Please enter the set day and time each week your care manager and psychiatric consultant will meet, whether this will occur in person or over the phone, and whether the consultant has access to your clinic's EHR and/or registry. Note, even if you do not believe you have significant caseload to warrant a full hour each week, it is recommended that you continue to meet for one hour. This reserves the time in case needs change later on, but also allows the CM to ask questions of the psychiatric consultant that they may not otherwise have the opportunity to, such as guidance on pharmacology.

Please use the space provided.