

# ADDING BEHAVIORAL HEALTH SERVICES TO A RURAL HEALTH CLINIC

A Discussion

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# BEHAVIORAL HEALTH SERVICES IN A RURAL HEALTH CLINIC

## Why Add Behavioral Health?

- CMS considers behavioral health a “core” RHC service. Adding behavioral health services to a RHC makes good clinical sense. Studies show most behavioral health issues are treated in a primary healthcare setting. Studies also show that, as in most healthcare settings, a combination of medicine and therapy produces the best clinical result.
- It also makes good financial sense. It can increase patient/visit volume, expand the range of RHC treatment services and grow clinic revenue and profitability.
- Many Community Health Needs Assessment reports list mental health and/or substance abuse care as a community priority.

# BEHAVIORAL HEALTH SERVICES IN A RURAL HEALTH CLINIC

## What Behavioral Care in a RHC Is...And Is Not

- RHCs are primary care providers; they can provide primary medical and primary behavioral health care.
- A RHC is NOT an appropriate site to conduct an Intensive Outpatient Program. Nor is it appropriate to conduct community mental health center programs like day treatment, supported employment or supervised housing.
- A patient who is too acute – or otherwise inappropriate – for treatment in an outpatient setting should be referred to a more appropriate level of care.

# BEHAVIORAL HEALTH SERVICES IN A RURAL HEALTH CLINIC

## Getting Started: Providers and Credentialing

- Medicare requires that either a LCSW (Licensed Clinical Social Worker) or CP (Licensed Clinical Psychologist) provide behavioral health therapy services in a RHC.
- Depending on the state, Medicaid may also allow LPCs (Licensed Professional Counselor) or LMFTs (Licensed Marriage and Family Therapist).
- No special credentialing is required to submit a RHC Medicare claim. The RHC is a “facility” provider.
- Medicaid credentialing is uncertain. Like Medicaid, private payer credentialing can be quick or lengthy.

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## Employee (W2) or Contract (1099)

- Often, there just is not a sufficient case load to warrant the hiring of a full-time therapist. In those cases, a part-time employee or contract arrangement with a therapist may be preferable. Either an employee or contract relationship with a mental health practitioner is allowed in a RHC.
- For a therapist with a separate full-time job, an arrangement with a RHC may be an opportunity to “dip a toe” into a private-practice-like opportunity. For a therapist who already has a private practice, an arrangement with a RHC may be viewed as a new funding source and referral source.

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## Space Considerations

- Behavioral health requires space where conversations may be held confidentially. A corner of the waiting room will not qualify.
- No special equipment is required. Typically, a desk, chair, occasional chair and small sofa/loveseat are adequate. No medical equipment is needed.

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## Developing a Caseload

- There are a variety of ways to announce the addition of a behavioral health counseling service. A letter may be sent to all patients or only to those who have received a prescription for psychotropic medicine.
- Letters may be sent informing other area primary care providers of the additional service.
- Some RHC medical providers have preferred to refer cases when patients are in exam room for a medical appointment. This method may grow the service more slowly, but it tends to have a higher “hit” ratio. It is also more consistent with approaches used in integrated medical-behavioral models.
- Community awareness efforts can generate referrals. Ministers, Head-Start programs, high school counselors, Departments of Family & Children’s Services and other community service providers can be good referral sources.

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## Providing Care – Location Flexibility

- The RHC rules are that service may be provided in the clinic or the patient's place of residence.
- "Place of residence" may include nursing homes, elderly HUD properties, assisted living centers and other congregate living sites.
- Behavioral health therapy requires no specialized medical equipment, so it is feasible to bring the service to the patient. This can be beneficial to the patient and can help reduce/manage no-show rates.



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## Providing Care – Service Requirements

- In a RHC (for Medicare and Medicaid), a visit is a visit. For the public payers, behavioral health services are paid at the AIR.
- For behavioral health, this means that a 45-minute or 60-minute individual therapy session reimburses the same as a 30-minute session. For a child or a nursing home resident, 30 minutes of focus and attention is all that may be expected.
- Family therapy is typically 45-60 minutes. Group therapy is not reimbursed by Medicare.
- For Medicare, one medical visit and one behavioral health visit may be provided per patient per day.

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## Other Financial and Reimbursement Concerns

- In a RHC, primary care must comprise 50+% of total visits.
- Sometimes a RHC may rent space so a therapist may accept referrals and expand their practice. These situations do not qualify as RHC services. In order to be a RHC service, the patient must be the RHC's, the billing must belong to the RHC, the chart must belong to the RHC and the provider must be reimbursed by the RHC.
- Unlike a physician, PA or FNP, there are no productivity requirements for mental health providers.

# BEHAVIORAL HEALTH SERVICES IN A RURAL HEALTH CLINIC

## Summary

- There is flexibility in staffing approaches and in reimbursing therapists.
- Patient referrals may come from RHC medical providers, other medical providers or the community.
- Service may be performed in the clinic or the patient's place of residence.
- For Medicare and Medicaid, behavioral health visits are paid at the AIR.
- The addition of a behavioral health service can be clinically valuable to patients and financially beneficial to the RHC.