

Identifying and Engaging Behavioral Health-Focused LTSS Providers: Considerations for Health Plans

As your health plan engages individuals dually eligible for Medicare and Medicaid - particularly those with behavioral health needs, developmental disabilities, or substance use disorders - you may find it necessary to provide behavioral health long-term services and supports (LTSS) such as health navigation and peer support services for your members. Those services are being used increasingly in behavioral health care for a variety of purposes, including engagement, advocacy, mentoring, coaching, care coordination, and modeling self-management.

Your health plan may choose to deliver some or all services in-house or through a contract with a market-wide vendor. Understanding the degree to which behavioral health direct service workers (DSWs) are available locally in your market can inform a “build, buy, or partner” decision. It may also help avoid duplication while presenting an opportunity to tap into experienced community-based programs that have existing relationships and proven protocols.

This brief outlines key considerations for identifying and engaging community-based behavioral health DSW programs. If your organization has already identified and engaged behavioral health DSW providers, please see our briefs on contracting and training/credentialing.

Key Considerations

- **Engage initially at the association or membership organization level.** Direct initial engagement of all potential provider organizations in your market may prove cumbersome and overwhelming, particularly for health plans that serve members across counties, states, or regions. The following represents strategies that have proven effective in engaging at the association level:
 - Connect with the CEO, executive director, or membership manager and ask to attend or present at the next membership meeting. This will provide a forum for you to communicate the needs and expectations of the health plan to a large group of individual provider organizations at one time. It will also present an opportunity to build relationships with the leaders of individual provider organizations.
 - Invite representatives from each association or organization to a roundtable discussion with your health plan. Convening such a forum may allow you to quickly identify the scope of LTSS available across provider types as well as the degree to which those services are integrated.
 - Discuss the types of services that may be needed by your members. Your health plan may find it beneficial to discuss the types of services provider organizations find most important for your members and learn about any innovations or new services providers would like to build.
- **Identify the relevant provider associations and sources of information in your market.** Behavioral health LTSS may be offered by Community Mental Health Centers (CMHCs), substance use

treatment centers, Federally Qualified Health Centers (FQHCs), inpatient facilities, home health agencies, health systems, and community organizations. Establishing connections with the Associations and membership organizations discussed below may help you narrow the focus to the most appropriate provider organizations while maximizing limited time and resources.

- Connect with your state behavioral health provider association to help in identifying local behavioral health LTSS providers. To find your state association, visit [the National Council for Behavioral Health](#), and click on your state.
- Check with the local Area Agency on Aging (AAA) to determine if it offers behavioral health LTSS or if it is familiar with local providers. Find your AAA by visiting the [National Association of AAAs](#).
- Hospitals and health systems may offer behavioral health LTSS. You can find state hospital and health system associations by visiting the [American Hospital Association](#) and [America's Essential Hospitals](#) (formerly the National Association of Public Hospitals and Health Systems).
- FQHCs in some states offer behavioral health LTSS. They may also be co-located with CMHCs or closely aligned with health homes and patient centered medical homes. Find your association of FQHCs at the [National Association of Community Health Centers](#) site.
- When contracting with home health agencies, determine if they provide behavioral health LTSS or if they have trained their staff to address behavioral health needs.
- Connect with your state Medicaid agency and ask for a list of providers that delivered behavioral health LTSS in the fee-for-service (FFS) program.

The Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) seeks to help beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. This brief is intended to support health plans and providers in integrating and coordinating care for dually eligible beneficiaries. It does not convey current or anticipated health plan or provider requirements. For additional information, please go to <https://www.resourcesforintegratedcare.com/>

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