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Amendment #959 –Representative Jim O’Day

ABH - Behavioral Health Integration

- The integration of behavioral health and primary care is an important shared goal of providers and policy makers but regulatory and billing barriers make it impossible for providers to achieve the types of integration that is best practice in the field.
- One example of the integration of primary and behavioral healthcare is when a patient sees their primary care doctor, the doctor may refer the individual to a therapist for a short session or intervention. Ideally, the therapist would be in the same office and could see the patient for a short introductory appointment immediately but regulatory and billing barriers sometimes prevent these short interventions from occurring. State requirements instead require behavioral health providers to complete a full assessment, which can take hours over more than one appointment, before they can begin treatment and address the need of the patient.
- This amendment requires MassHealth to identify regulatory and billing barriers to the integration and primary care and behavioral health services and solutions to eliminate these barriers. It gives MassHealth a specific appropriation to fund this project.
- We know that many individuals with chronic behavioral health conditions also suffer from complex medical conditions. The Health Policy Commission noted in their 2014 Cost Trends Report that:
 - *One fourth of all patients represent close to 85 percent of total medical expenditures and chronic behavioral health conditions (substance use, serious and persistent mental illness, and anxiety and mood disorders) affect 44 percent of these high cost patients. (pg. 42-45)*
- The HPC recommends that different models of integration must exist to meet patients with different needs. (pg. 50)
- The Blue Cross & Blue Shield Foundation of Massachusetts’ June 2015 report about the barriers that exist to behavioral and physical health integration in Massachusetts found:
 - *The regulations...create barriers for behavioral health integration models because each set of regulations is prescriptive as to facility, program content, and staffing requirements and appears to have been written at a time when it was the norm that the programs would be operated separately and independently. (pg.4)*
 - *Historically, the inability to bill for more than one service during the same visit has been a barrier to providing integrated care. (pg.13)*