

Apple Health (Medicaid) 2020 Integration Summit Additional Resources

Leveraging Telehealth to Advance Integrated Care *(Additional Resources)*

HCA Resources

- [Apple Health \(Medicaid\) clinical policy and billing for COVID-19 FAQ](#)
- [Apple Health \(Medicaid\) behavioral health policy and billing during the COVID-19 pandemic \(FAQ\)](#)

Service Delivery Resources

- [30-Minute Telebehavioral Health Appointment: Strategies & Best Practices](#) (HealthierHere & AIMS Center)
- [Suicide Risk Assessment and Management in the Age of Telehealth](#) (Behavioral Health Institute)
- [Telebehavioral Health 101](#) (Behavioral Health Institute)

Can Value-Based Payment Sustain Integrated Care? *(Additional Resources)*

- [WA State Common Measure Set](#)
 - HCA Collaborative Care Model Guidelines: Located on page 59 of the [current version](#)*
- * Always reference the most recent version at [Physician-Related Services/Health Care Professional Services Billing Guide](#)

Working with Clients with Serious Mental Illness to Improve Health Outcomes

Additional Resources:

- [National Center of Excellence for Integrated Care](#)
- [How to help someone engage in mental health treatment \(NAMI\)](#)

Q&A Follow-up with Dr. John Kern:

<i>What would you prioritize as the most important intervention other than obtaining funding for mitigating risk for patients related to MI?</i>	The focus of most work addressing the increased mortality of people living with serious mental illness has been on limiting death via cardiovascular disease, as this is where the excess mortality seems to be. Probably next would be suicide prevention, in terms of impact on premature death.
<i>How would mental health care improve if care coordination was a billable service?</i>	Certainly, one might expect physical health to improve, in terms of mental health, you would probably expect some impact on ability of mental health agencies to assist patients in issues related to social determinants of health, which do have an impact on mental health-related quality of life.
<i>What are some considerations when dealing with SMI with an individual who also has a substantial SUD Diagnosis?</i>	More common than not - my personal opinion is that training clinical staff to see both of these as inherent part of their work with clients makes the most sense - we were able to do this quite successfully in the agency I worked with for many years.