**Behavioral Health Compact**

***Collaborative Agreement*** between Rhode Island Primary Care Physicians Corporation and Behavioral Health Provider [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

* Define responsibilities between Rhode Island Primary Care Physician’s Corporation (RIPCPC) and Behavioral Health Provider
* Define scope of practice and identify care team

|  |  |
| --- | --- |
| **Expectations for specialty Psychiatric and Behavioral Health services provided by Behavioral Health Provider** | |
| Rhode Island Primary Care Physician’s Corporation | Behavioral Health provider  [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] |
| □ Informs patient of need, purpose, expectations, and goals of the Psychiatric (Behavioral Health), visit with Behavioral Health Provider  □ Informs patient of their right to freely choose his or her behavioral health providers and explains benefit of this compact relationship  □ Communicates reason for referral and sends relevant information to Behavioral Health Provider such as most recent visit note, laboratory results, scans, etc.  □ Schedules appointments with Behavioral Health Provider with patient or provides patients with the contact information and expected timeframe for appointment scheduling with Behavioral Health Provider  □ Ensures BH provider is informed of any changes in a patient’s condition if relevant to behavioral health care  □ Follows up with patients who did not follow through with appointments to assist in addressing barriers  □ Resumes care of patient when stepped down from BH provider’s care and follows collaborative aftercare plan. Facilitates referral back to BH provider if needed  □ Utilizes urgent availability (2-7 business days) and “curbside consultation” access provided by BH provider in an appropriate manner that recognizes such access as a highly valued resource  □ Agrees to work with BH provider to ensure shared population receives all appropriate medical evaluation before or after consultation with BH provider  □ Agrees to engage in collaborative discussion with BH provider leadership regarding future opportunities to employ outcome measures and actionable utilization data to improve health outcomes and reduce healthcare costs for the shared population of patients | □ Provides appointment availability within a  reasonable timeframe to meet patient care needs  □ BH provider uses evidence-based treatments  □ Orders appropriate diagnostic testing and  treatment for patient, including the ordering of RX  and refills while the patient is under direct care of  Behavioral Health Provider  □ Informs patient of diagnosis, prognosis, and  follow-up recommendations  □ Provides appropriate educational materials and  resources for patient/family  □ Sends timely reports to PCP including care plan,  follow up, recommendations, and results of  psychiatric evaluations or therapeutic interventions  □ Confers with PCP or establishes other protocol  before referring to secondary or tertiary specialist,  obtains prior authorizations, if required  □ Agrees to work with RIPCPC to ensure shared  population receives all appropriate medical  evaluations, medication management and  evidenced based psychotherapy  □ Recommends appropriate follow-up with PCP  □ BH Medication Prescriber (if applicable) will provide consultation services with RIPCPC provider or care team member upon request and upon agreed on remuneration  □ Agrees to engage in collaborative discussion with RIPCPC leadership regarding future opportunities to employ outcome measures and actionable utilization data to improve health and healthcare and reduce healthcare costs for the shared population of patients  □ Provides emergency Crisis Evaluation services (If available) |

The term of this compact shall commence on the Date listed below. This compact shall automatically renew for subsequent renewal terms of one (1) year at the end of the then-current term of this compact, unless either party gives the other party written notice of nonrenewal at least (90) days prior to the termination date.

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**Behavioral Health Provider Date**

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**Rhode Island Primary Care Physicians Corporation Date**

**Behavioral Health Provider Services Questionnaire**

Practice Name:   
Provider(s) including licensure/role:  
Address of Practice(s):  
Phone Number:  
Fax Number:  
Relevant Contact/Intake Information:

|  |  |  |
| --- | --- | --- |
| **Population Served:** | **Provided Y/N:** | **Notes:** |
| Geriatric |  |  |
| Adults |  |  |
| Teens (13-18) |  |  |
| Children (3-12) |  |  |
| Infants (0-2) |  |  |
| **Insurances Accepted:** | | |
| Straight Medicaid |  |  |
| Straight Medicare |  |  |
| BCBS Commercial |  |  |
| BCBS Medicare |  |  |
| UHC Commercial |  |  |
| UHC Medicare |  |  |
| UHC Medicaid |  |  |
| NHP Medicaid |  |  |
| Harvard Pilgrim |  |  |
| Tufts |  |  |
| Cigna |  |  |
| Aetna |  |  |
| Other (Please specify in notes) |  |  |
| **Specialties:** | | |
| Depression |  |  |
| Anxiety |  |  |
| Grief |  |  |
| PTSD |  |  |
| OCD |  |  |
| Phobias |  |  |
| Forensic Psychology |  |  |
| Women’s Health |  |  |
| LGBTQ |  |  |
| Panic Disorder |  |  |
| Social Phobia |  |  |
| Bipolar Disorder |  |  |
| Eating Disorder |  |  |
| Men’s Health |  |  |
| Substance Use |  |  |
| Gambling/ Addictive Behaviors |  |  |
| Weight Management and Diet |  |  |
| Smoking Cessation |  |  |
| Sleep Disorders |  |  |
| Chronic Pain |  |  |
| Medication/Treatment Compliance |  |  |
| Sex Therapy |  |  |
| Other (Please specify in notes) |  |  |
| **Services:** | | |
| Medication Management |  |  |
| Psychological Evaluation |  |  |
| Psychological Testing |  |  |
| Neuropsychological Testing |  |  |
| School Consultation |  |  |
| Agency Consultation |  |  |
| Forensic Practice |  |  |
| Case Management |  |  |
| Individual Psychotherapy |  |  |
| Family Therapy |  |  |
| Group Therapy |  |  |
| Psychoeducation |  |  |
| Consultation |  |  |
| Cognitive Behavioral Therapy |  |  |
| Psychodynamic Psychotherapy |  |  |
| Dialectical Behavior Therapy |  |  |
| Eye Movement Desensitization and Reprocessing |  |  |
| Intensive Outpatient Program |  |  |
| Other day program/ levels of care |  |  |
| Health Home/ Assertive Community Treatment (Other wrap-around community services) |  |  |
| Other (Please specify in notes) |  |  |
| **Other:** | | |
| Male and Female providers |  |  |
| Providers fluent in other languages |  |  |
| Local transportation services (assistance with MTM, on bus line) |  |  |
| Specific scheduling parameters (no evening or weekend hours, etc.) |  |  |
| Other: |  |  |