PCP BH Plan Programming Guide
11.5.2019

The following guide has been developed to aid IT Analysts in understanding the possible pathways providers may take when completing the PCP BH Plan and the necessary functionality to ensure the Plan is completed as intended. Included in this guide are several clinical scenarios and the selections within the Plan a PCP would make to document the scenario appropriately.

This guide is in no way meant to be exhaustive. There are many more potential scenarios than are captured in this document, however the aim is to provide enough variety so IT Analysts can visualize the range of potential options. Pages 7-8 provide some additional information about options for programming Question 10.

For any questions regarding the PCP BH Plan template and/or the development of the Plan within your health center's EMR, please contact:
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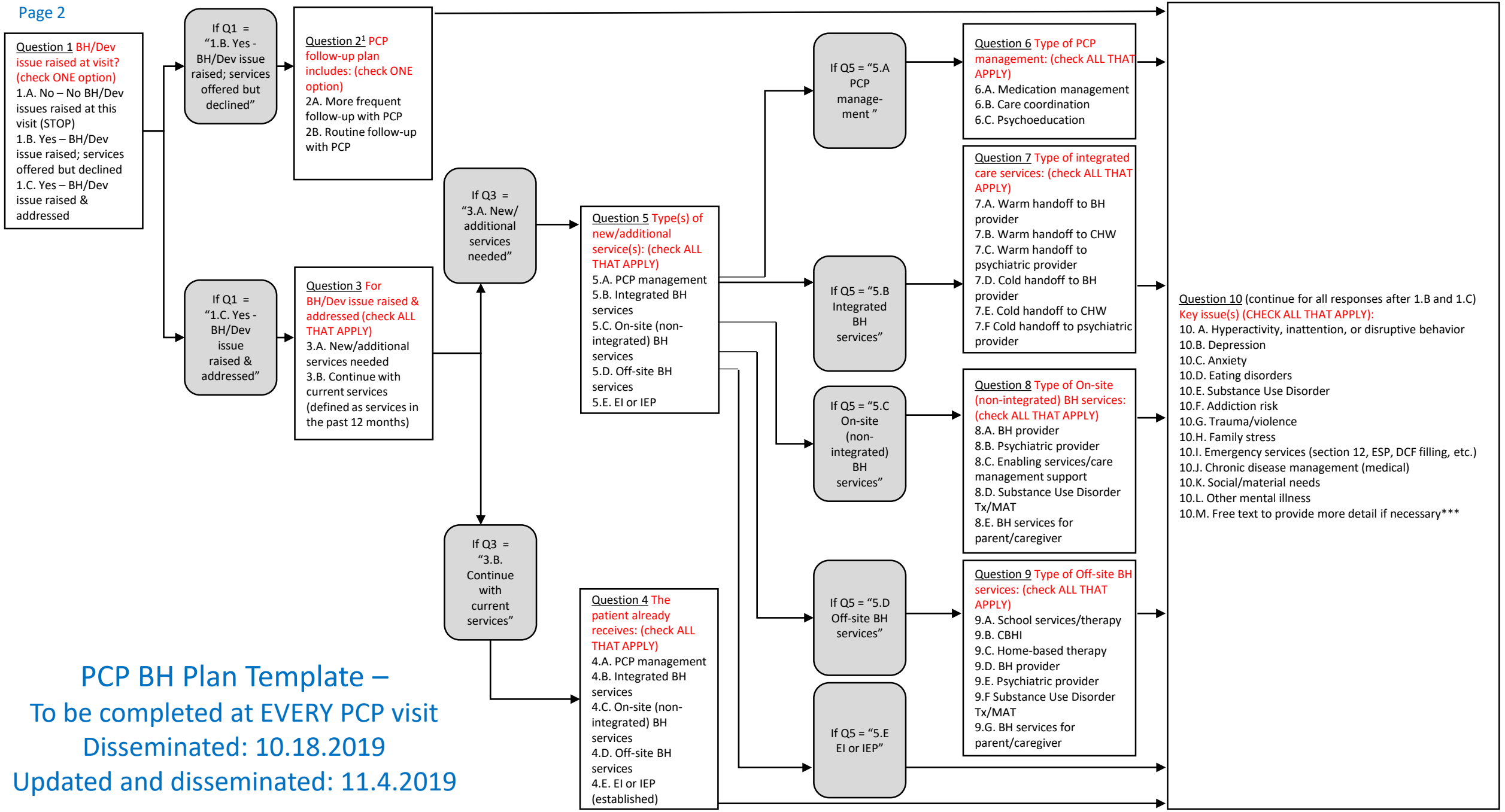
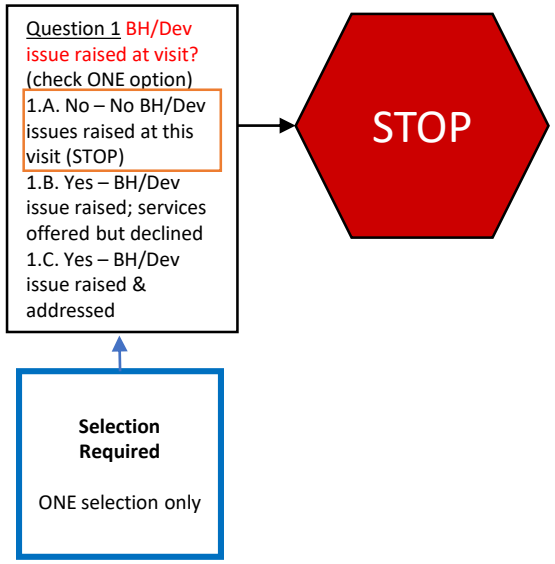


PCP BH Plan Template –
To be completed at EVERY PCP visit
Disseminated: 10.18.2019
Updated and disseminated: 11.4.2019

1. Updated 11.4.19: Q2 prompt changed from "for BH/Dev issue raised; services offered but declined" to "PCP follow-up plan includes"; changed from "check all that apply" to "check one option". Q2 option 2.A. changed from "close follow-up with PCP" to "more frequent follow-up with PCP". Q2 option 2.C., "psychoeducation" removed.



Scenario: 5 year old male presents for sick visit with fever and flu-like symptoms. Parent does not report behavioral health, developmental, or material need concerns. PCP documents no issues raised at visit – PCP BH Plan complete.

TEAM UP FOR CHILDREN

Question 1 BH/Dev issue raised at visit? (check ONE option)
1.A. No – No BH/Dev issues raised at this visit (STOP)
1.B. Yes – BH/Dev issue raised; services offered but declined
1.C. Yes – BH/Dev issue raised & addressed

Selection Required

ONE selection only

If Q1 = "1.B. Yes - BH/Dev issue raised; services offered but declined"

Question 2 PCP follow-up plan includes: (check ONE option)
2A. More frequent follow-up with PCP
2B. Routine follow-up with PCP

Selection Required

ONE selection only

Move to Q10 regardless of answer selected on Q2

Selection Required

At least ONE selection required

Question 10 (continue for all responses after 1.B and 1.C)
Key issue(s) (CHECK ALL THAT APPLY):
10. A. Hyperactivity, inattention, or disruptive behavior
10.B. Depression
10.C. Anxiety
10.D. Eating disorders
10.E. Substance Use Disorder
10.F. Addiction risk
10.G. Trauma/violence
10.H. Family stress
10.I. Emergency services (section 12, ESP, DCF filling, etc.)
10.J. Chronic disease management (medical)
10.K. Social/material needs
10.L. Other mental illness
10.M. Free text to provide more detail if necessary***

STOP

Scenario: 16 year old female presents for routine well visit, scores an 8 on the PSCY-17 internalizing scale and a 14 on the PHQ-9. In discussion with PCP, patient reports feeling sad and the occasional use of alcohol with friends, but declines offer of behavioral health services stating she does not want to talk about behavioral health concerns. PCP schedules follow up visit in three months to monitor patient closely for changes in behavioral health concerns. PCP documents steps taken to address concerns raised as well as the two key issues identified – PCP BH Plan complete.

TEAM UP FOR CHILDREN

Question 1 BH/Dev issue raised at visit? (check ONE option)
1.A. No – No BH/Dev issues raised at this visit (STOP)
1.B. Yes – BH/Dev issue raised; services offered but declined
1.C. Yes – BH/Dev issue raised & addressed

Selection Required

ONE selection only

If Q1 = "1.C. Yes - BH/Dev issue raised & addressed"

Question 3 For BH/Dev issue raised & addressed (check ALL THAT APPLY)
3.A. New/additional services needed
3.B. Continue with current services (defined as services in the past 12 months)

Selection Required

At least ONE selection required

If Q3 = "3.A. New/ additional services needed"

Question 5 Type(s) of new/additional service(s): (check ALL THAT APPLY)
5.A. PCP management
5.B. Integrated BH services
5.C. On-site (non-integrated) BH services
5.D. Off-site BH services
5.E. EI or IEP

Selection Required

At least ONE selection required

If Q5 = "5.A PCP manage-ment"

Question 6 Type of PCP management: (check ALL THAT APPLY)
6.A. Medication management
6.B. Care coordination
6.C. Psychoeducation

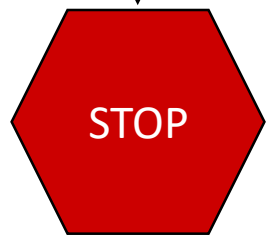
Selection Required

At least ONE selection required

Selection Required

At least ONE selection required

Question 10 (continue for all responses after 1.B and 1.C)
Key issue(s) (CHECK ALL THAT APPLY):
10. A. Hyperactivity, inattention, or disruptive behavior
10.B. Depression
10.C. Anxiety
10.D. Eating disorders
10.E. Substance Use Disorder
10.F. Addiction risk
10.G. Trauma/violence
10.H. Family stress
10.I. Emergency services (section 12, ESP, DCF filling, etc.)
10.J. Chronic disease management (medical)
10.K. Social/material needs
10.L. Other mental illness
10.M. Free text to provide more detail if necessary***



Scenario: 16 year old female presents for routine well visit, scores an 8 on the PSCY-17 internalizing scale and a 14 on the PHQ-9. In discussion with PCP, patient reports feeling sad and the occasional use of alcohol with friends. She agrees to discuss behavioral health concerns, but does not want to speak with anyone other than the PCP. PCP plans to manage the patient's behavioral health concerns through psychoeducation. PCP documents steps taken to address concerns raised as well as the two key issues identified – PCP BH Plan complete.

TEAM UP FOR CHILDREN

Question 1 BH/Dev issue raised at visit? (check ONE option)
1.A. No – No BH/Dev issues raised at this visit (STOP)
1.B. Yes – BH/Dev issue raised; services offered but declined
1.C. Yes – BH/Dev issue raised & addressed

Selection Required

ONE selection only

If Q1 = "1.C. Yes - BH/Dev issue raised & addressed"

Question 3 For BH/Dev issue raised & addressed (check ALL THAT APPLY)
3.A. New/additional services needed
3.B. Continue with current services (defined as services in the past 12 months)

Selection Required

At least ONE selection required

If Q3 = "3.A. New/ additional services needed"

Question 5 Type(s) of new/additional service(s): (check ALL THAT APPLY)
5.A. PCP management
5.B. Integrated BH services
5.C. On-site (non-integrated) BH services
5.D. Off-site BH services
5.E. EI or IEP

Selection Required

At least ONE selection required

If Q5 = "5.A PCP manage-ment"

If Q5 = "5.B Integrated BH services"

Question 6 Type of PCP management: (check ALL THAT APPLY)
6.A. Medication management
6.B. Care coordination
6.C. Psychoeducation

Question 7 Type of integrated care services: (check ALL THAT APPLY)
7.A. Warm handoff to BH provider
7.B. Warm handoff to CHW
7.C. Warm handoff to psychiatric provider
7.D. Cold handoff to BH provider
7.E. Cold handoff to CHW
7.F Cold handoff to psychiatric provider

Selections Required

At least ONE selection required for both Q6 & Q7

Selection Required

At least ONE selection required

Question 10 (continue for all responses after 1.B and 1.C)
Key issue(s) (CHECK ALL THAT APPLY):
10. A. Hyperactivity, inattention, or disruptive behavior
10.B. Depression
10.C. Anxiety
10.D. Eating disorders
10.E. Substance Use Disorder
10.F. Addiction risk
10.G. Trauma/violence
10.H. Family stress
10.I. Emergency services (section 12, ESP, DCF filling, etc.)
10.J. Chronic disease management (medical)
10.K. Social/material needs
10.L. Other mental illness
10.M. Free text to provide more detail if necessary***

STOP

Scenario: 7 year old male with history of ADHD presents for routine well visit. Caregiver and teacher are struggling to manage disruptive behavior and hyperactivity. PCP initiates warm handoff to integrated BH provider and increases Concerta dose to manage behavior. PCP documents all steps taken to address concerns raised as well as the key issue identified – PCP BH Plan complete.

TEAM UP FOR CHILDREN

Scenario: 2 year old female presents for well-child visit. Developmental concerns identified on SWYC. Family already engaged in integrated BH services for support with family stress and social needs; continuation of services planned. PCP refers to EI for additional support and assessment. PCP documents steps taken to address concerns raised as well as the three key issues identified – PCP BH Plan complete.

Question 1 BH/Dev issue raised at visit? (check ONE option)
1.A. No – No BH/Dev issues raised at this visit (STOP)
1.B. Yes – BH/Dev issue raised; services offered but declined
1.C. Yes – BH/Dev issue raised & addressed

Selection Required

At least ONE selection required

If Q1 = "1.C. Yes - BH/Dev issue raised & addressed"

Question 3 For BH/Dev issue raised & addressed (check ALL THAT APPLY)
3.A. New/additional services needed
3.B. Continue with current services (defined as services in the past 12 months)

Selection Required

At least ONE selection required

If Q3 = "3.A. New/ additional services needed"

If Q3 = "3.B. Continue with current services"

Question 5 Type(s) of new/additional service(s): (check ALL THAT APPLY)
5.A. PCP management
5.B. Integrated BH services
5.C. On-site (non-integrated) BH services
5.D. Off-site BH services
5.E. EI or IEP

Selections Required

At least ONE selection required for both Q4 & Q5

Question 4 The patient already receives (check ALL THAT APPLY)
4.A. PCP management
4.B. Integrated BH services
4.C. On-site (non-integrated) BH services
4.D. Off-site BH services
4.E. EI or IEP (established)

If Q5 = "5.E EI or IEP"

Selections Required

At least ONE selection required for both Q9 & Q10

Question 10 (continue for all responses after 1.B and 1.C)
Key issue(s) (CHECK ALL THAT APPLY):
10. A. Hyperactivity, inattention, or disruptive behavior
10.B. Depression
10.C. Anxiety
10.D. Eating disorders
10.E. Substance Use Disorder
10.F. Addiction risk
10.G. Trauma/violence
10.H. Family stress
10.I. Emergency services (section 12, ESP, DCF filling, etc.)
10.J. Chronic disease management (medical)
10.K. Social/material needs
10.L. Other mental illness
10.M. Free text to provide more detail if necessary***
Delayed speech

STOP

TEAM UP FOR CHILDREN

Question 1 BH/Dev issue raised at visit? (check ONE option)
1.A. No – No BH/Dev issues raised at this visit (STOP)
1.B. Yes – BH/Dev issue raised; services offered but declined
1.C. Yes – BH/Dev issue raised & addressed

If Q1 = "1.B. Yes - BH/Dev issue raised; services offered but declined"

Question 2 PCP follow-up plan includes: (check ONE option)
2A. Close follow-up with PCP
2B. Routine follow-up with PCP

If Q1 = "1.C. Yes - BH/Dev issue raised & addressed"

Question 3 For BH/Dev issue raised & addressed (check ALL THAT APPLY)
3.A. New/additional services needed
3.B. Continue with current services (defined as services in the past 12 months)

If Q3 = "3.A. New/ additional services needed"

If Q3 = "3.B. Continue with current services"

Question 4 The patient already receives (check ALL THAT APPLY)
4.A. PCP management
4.B. Integrated BH services
4.C. On-site (non-integrated) BH services
4.D. Off-site BH services
4.E. EI or IEP (established)

Question 5 Type(s) of new/additional service(s): (check ALL THAT APPLY)
5.A. PCP management
5.B. Integrated BH services
5.C. On-site (non-integrated) BH services
5.D. Off-site BH services
5.E. EI or IEP

If Q5 = "5.A PCP manage-ment "

Question 6 Type of PCP management: (check ALL THAT APPLY)
6.A. Medication management
6.B. Care coordination
6.C. Psychoeducation

If Q5 = "5.B Integrated BH services"

Question 7 Type of integrated care services: (check ALL THAT APPLY)
7.A. Warm handoff to BH provider
7.B. Warm handoff to CHW
7.C. Warm handoff to psychiatric provider
7.D. Cold handoff to BH provider
7.E. Cold handoff to CHW
7.F Cold handoff to psychiatric provider

If Q5 = "5.C On-site (non-integrated) BH services"

Question 8 Type of On-site (non-integrated) BH services: (check ALL THAT APPLY)
8.A. BH provider
8.B. Psychiatric provider
8.C. Enabling services/care management support
8.D. Substance Use Disorder Tx/MAT
8.E. BH services for parent/caregiver

If Q5 = "5.D Off-site BH services"

Question 9 Type of Off-site BH services: (check ALL THAT APPLY)
9.A. School services/therapy
9.B. CBHI
9.C. Home-based therapy
9.D. BH provider
9.E. Psychiatric provider
9.F Substance Use Disorder Tx/MAT
9.G. BH services for parent/caregiver

If Q5 = "5.E EI or IEP"

Q10 is only required ONCE, however there are multiple pathways that lead to this item

Q2, Q4, Q5 (selection 5.E. only), Q6, Q7, Q8, Q9 all flow directly to Q10

Question 10 (continue for all responses after 1.B and 1.C)
Key issue(s) (CHECK ALL THAT APPLY):
10. A. Hyperactivity, inattention, or disruptive behavior
10.B. Depression
10.C. Anxiety
10.D. Eating disorders
10.E. Substance Use Disorder
10.F. Addiction risk
10.G. Trauma/violence
10.H. Family stress
10.I. Emergency services (section 12, ESP, DCF filling, etc.)
10.J. Chronic disease management (medical)
10.K. Social/material needs
10.L. Other mental illness
10.M. Free text to provide more detail if necessary***

TEAM UP FOR CHILDREN

Question 1 BH/Dev issue raised at visit? (check ONE option)
1.A. No – No BH/Dev issues raised at this visit (STOP)
1.B. Yes – BH/Dev issue raised; services offered but declined
1.C. Yes – BH/Dev issue raised & addressed

From a coding perspective, it is likely easiest to link Q10 with Q1, as regardless of the pathway that follows, Q10 is required for either of the 'Yes' responses to Q1 (1.B. or 1.C.)

Either options (page 7 or 8) are fine

Question 10 (continue for all responses after 1.B and 1.C)
Key issue(s) (CHECK ALL THAT APPLY):
10. A. Hyperactivity, inattention, or disruptive behavior
10.B. Depression
10.C. Anxiety
10.D. Eating disorders
10.E. Substance Use Disorder
10.F. Addiction risk
10.G. Trauma/violence
10.H. Family stress999
10.I. Emergency services (section 12, ESP, DCF filling, etc.)
10.J. Chronic disease management (medical)
10.K. Social/material needs
10.L. Other mental illness
10.M. Free text to provide more detail if necessary***

If Q1 = "1.B. Yes - BH/Dev issue raised; services offered but declined"

Question 2 PCP follow-up plan includes: (check ONE option)
2A. Close follow-up with PCP
2B. Routine follow-up with PCP

If Q1 = "1.C. Yes - BH/Dev issue raised & addressed"

Question 3 For BH/Dev issue raised & addressed (check ALL THAT APPLY)
3.A. New/additional services needed
3.B. Continue with current services (defined as services in the past 12 months)

If Q3 = "3.A. New/ additional services needed"

Question 5 Type(s) of new/additional service(s): (check ALL THAT APPLY)
5.A. PCP management
5.B. Integrated BH services
5.C. On-site (non-integrated) BH services
5.D. Off-site BH services
5.E. EI or IEP

If Q5 = "5.A PCP manage-ment"

Question 6 Type of PCP management: (check ALL THAT APPLY)
6.A. Medication management
6.B. Care coordination
6.C. Psychoeducation

If Q5 = "5.B Integrated BH services"

Question 7 Type of integrated care services: (check ALL THAT APPLY)
7.A. Warm handoff to BH provider
7.B. Warm handoff to CHW
7.C. Warm handoff to psychiatric provider
7.D. Cold handoff to BH provider
7.E. Cold handoff to CHW
7.F Cold handoff to psychiatric provider

If Q5 = "5.C On-site (non-integrated) BH services"

Question 8 Type of On-site (non-integrated) BH services: (check ALL THAT APPLY)
8.A. BH provider
8.B. Psychiatric provider
8.C. Enabling services/care management support
8.D. Substance Use Disorder Tx/MAT
8.E. BH services for parent/caregiver

If Q5 = "5.D Off-site BH services"

Question 9 Type of Off-site BH services: (check ALL THAT APPLY)
9.A. School services/therapy
9.B. CBHI
9.C. Home-based therapy
9.D. BH provider
9.E. Psychiatric provider
9.F Substance Use Disorder Tx/MAT
9.G. BH services for parent/caregiver

If Q3 = "3.B. Continue with current services"

Question 4 The patient already receives (check ALL THAT APPLY)
4.A. PCP management
4.B. Integrated BH services
4.C. On-site (non-integrated) BH services
4.D. Off-site BH services
4.E. EI or IEP (established)

TEAM UP FOR CHILDREN